OUR PEOPLE — OUR PROBLEM — OUR SOLUTION

Kujisource

APRIL-MAY 2000

BLACK MEDIA TO TELL DURBAN NEWS

Black America will have its own daily link to the events at the 13th World AIDS Conference in Durban, South Africa. The AAAPTI will provide extensive coverage via press releases and special reports, and two of the biggest players in the black media, among others, will run those reports.

The America Urban Radio Network is the largest black-owned radio network in the U.S., with nearly 300 radio affiliates serving eight million listeners. The National Newspaper Publishers Association is a trade association founded in 1940 to bring together publishers of African American-owned newspapers. It has over 200 member newspapers and reaches over ten million African Americans each week.

Kujisource is taken from the second principle of Kwanzaa, Kujichagulia. It is the principle of self-determination. It means to define ourselves, name ourselves, create for ourselves and speak for ourselves instead of being defined, named, created for and spoken for by others.

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AIDS CANDLELIGHT MARCH ENDS AT L.A. WATTS TOWERS

LOS ANGELES—For the 17th year, the world's largest annual community-based AIDS event was held recently in Los Angeles. For the first time in that 17 years, the event was held in the black community in L.A. The AIDS candlelight memorial took place on May 21 in remembrance of those who have died of AIDS and in support of those who are still living with HIV and AIDS.

People came from as far as Argentina and Zambia. Candles were lighted as a symbol of compassion and hope. Remarks were made by local clergy and community leaders. Inspirational gospel music was sung.

Blacks make up a disproportionate number of AIDS cases in America and Los Angeles is not an exception in this demographic unbalance. Thus it was no small coincidence that the event began at the Watts Labor Community Action Center and ended at the historic Watts Towers in South Central Los Angeles.

Sponsored by the AAAPTI, co-sponsors of the night included Minority AIDS Project, First AME Church, Spectrum Community Services, T.H.E. Project, Charles Drew University of Medicine, St. John United Methodist Church, Women Vision, African American HIV University, Unity Fellowship Church and Choir, Prototypes (WARN), the NAACP, the New Village AIDS Prevention Team and the Holman United Methodist Church and Choir.

Among those speaking were Comedian Michael Colyar, AAAPTI Executive Director Phill Wilson and a representative from the office of Congresswoman Juanita Millender-McDonald. Assemblyman Carl Washington sent his best wishes.

The theme for the night was "honor every death, break the silence, honor every life."

Why Go?

Why Americans Should Attend the Durban Conference: an open letter prepared by the Global Health Council and the International Council of AIDS Service Organizations.

The 13th International AIDS Conference is being held on July 9-14, 2000 in Durban, South Africa. South Africa is a long way from the United States. Should Americans travel to Durban to attend this conference? Yes, they should, for the reasons outlined below.

REASONS FOR ATTENDING ANY INTERNATIONAL CONFERENCE ON HIV/AIDS

■ HIV/AIDS is very much a global epidemic. At the end of 1999, the estimated the number of people living with HIV worldwide was estimated to be 33.6 million. More than 95 percent of all HIV infected people live in the developing world.

■ 20 million of the estimated 33.6 million people infected with HIV/AIDS live on the African continent. Only a tiny fraction of them can access health and nutritional care, HIV antibody tests, HIV pre- and post-test counseling services, peer support services, and antiretroviral therapies. Americans have a responsibility to become more involved in the global dimensions of HIV/AIDS.

■ Much of the world looks to the United States for technical, financial, and political leadership in responding to the epidemic.

■ Learn new approaches to HIV prevention, care for people living with HIV/AIDS, and treatment. Americans attending the international conference will be exposed to new issues and approaches from around the world. They can put this information to use in their own communities.

■ The conferences provide an excellent opportunity to network and exchange ideas with people from other countries and cultures.

■ The U.S. government is increasing its participation in global HIV/AIDS issues. Interested Americans should become aware of and involved in these taxpayer-funded efforts.

REASONS FOR ATTENDING THE DURBAN CONFERENCE

■ The International AIDS Conference continues to maintain its position as the leading international conference on HIV/AIDS. It is the only one that attracts a good mix of scientists, community workers, health care professionals, public health officials, academics and government people.

■ Americans attending the Durban conference will learn first-hand about the effect of HIV/AIDS in an African country. This is the first time that the International AIDS Conference is being held in a developing country where the epidemic is at its worst.

■ Africa is the continent most affected by HIV/AIDS. Two of every three HIV-infected persons in the world live in sub-Saharan Africa.

■ It is important to support conferences in developing countries. A successful conference in Durban will help to strengthen the response to HIV/AIDS in South Africa, in the rest of Africa, and in the developing world.

■ This is the first conference to feature a separate track for Human Rights, Politics, Commitment and Action. It is important for Americans to continue to show a leadership role in this area.

■ More and more Americans are becoming interested in twinning with AIDS service organizations (ASOs) from other countries. Twinning provides organizations with the chance for cross cultural exchange of ideas. There will be ample opportunity in Durban for ASOs and others to explore possible twinning arrangements.

■ The United States and South Africa share many common threads in our history. Our similar histories in the ever-evolving march to racial equality, our diverse populations, and our cultural heritages are tools for building strong partnerships. We have the chance to continue this common heritage by sharing in our response to the epidemic.

ADDITIONAL INFORMATION

Will I be safe in Durban?

Whenever you visit a large city, take certain precautions. Conference organizers have prepared a list of safety tips (covering your arrival at the airport, your hotel stay, walking on the street and traveling by car). The tips can be found on the conference website (see address below). In addition, both the public police forces and private security firms will be providing extra security at the conference venues.

What about all the protests I keep hearing about?

Measures have been taken to allow people to air their differing views in a safe environment. There will be ample opportunity and space for peaceful demonstrations and forums.

What medical services are available in Durban?

A medical center will be set up at the conference center and there will be a hotline to call in case of emergencies. Information about other medical issues can be found on the conference website.

Are accommodations available?

Durban has a wealth of good accommodations. However, organizers expect up to 12,000 people to attend the conference, so book soon to ensure that your accommodations are not too far from the conference center. Further information can be obtained on the conference website or by contacting: Turners Travel, P.O. Box 1935, Durban, South Africa. Tel: 273 31 332 1451, Fax: 27 31 368 6623. Email: turner@galicosa.co.za.

For more information on any aspect of the 13th International AIDS Conference, visit the conference website at www.aids2000.com

VIAGRA LEADS TO RISING HIV AMONG SENIORS

MIAMI—The impotence drug Viagra has many health officials concerned about the spread of HIV and sexually transmitted diseases among older Americans. Older people are less likely to practice safe sex and rarely get tested for disease.

R.H. Keller of the Biodorn clinic in Florida said, "The fastest-growing AIDS rate is among the geriatric population, and this is somewhat attributable to Pfizer (Viagra's manufacturer)." Health officials are concerned that as some older men become more sexually active, they may not realize that prevention efforts are necessary.

"We are seeing many more folks accessing Viagra who have been out of the sexually active pool for years, and they are out of the loop," says Sara Selber of the AIDS Foundation in Houston. "You see Viagra ads everywhere, but no prevention campaign is tied to the sale of the drug. That makes the likelihood of HIV exposure pretty great."

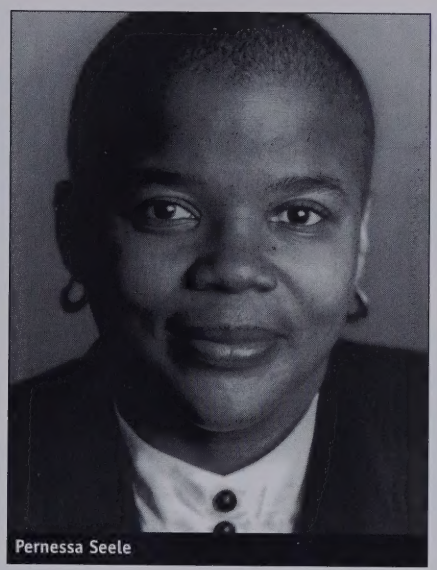
Cultural stereotypes that people over 50 do not have sex are also problematic. Older women are very vulnerable to HIV and trust their partners more readily. In addition, older Americans tend not to ask their partners about possible diseases and may feel they do not need protection.

The national Centers for Disease Control and Prevention estimates that 72,000 Americans over the age of 50 had AIDS in 1998, the most recent year for which complete statistics are available.

WRITER WINS PULITZER PRIZE

NEW YORK—*Kujisource* contributing writer Mark Schoofs has won this year's Pulitzer Prize for Foreign Reporting. He was honored for his "provocative and enlightening series on the AIDS crisis in Africa" that originally appeared in the *Village Voice*.

Schoofs, who spent six months in nine countries, said that he will donate half of the $5000 Pulitzer Prize award money to AIDS organizations based in Africa.



Pernessa Seele

BLACK LEADERS GATHER IN AIDS DISCUSSIONS

TUSKEGEE, Ala.—Many blacks know little about AIDS and HIV because of a deep mistrust of white health care workers that stems partly from the infamous Tuskegee Syphilis Study, according to black church leaders.

About 350 clergy members from around the country met in May to address AIDS in the same town where the study, closed in 1972, took place. It involved about 400 black men with syphilis who were denied medicine as part of a 40-year study of the disease by the federal government.

"It has resulted in a community that is very paranoid about health care and about white doctors," said Pernessa Seele, an AIDS activist who organized the conference at Tuskegee University. "We have to get people into treatment, into care."

The conference comes shortly after the release of a study conducted at the University of Alabama at Birmingham that found poor black males' mistrust of health care givers, especially white male doctors, contributes to a high rate of AIDS in black communities.

Many poor blacks' only experiences with health care came when they were examined in detention centers or clinics that treat sexually transmitted diseases, the study found. As a result, many of the study participants associated health care with being in trouble.—*Associated Press*

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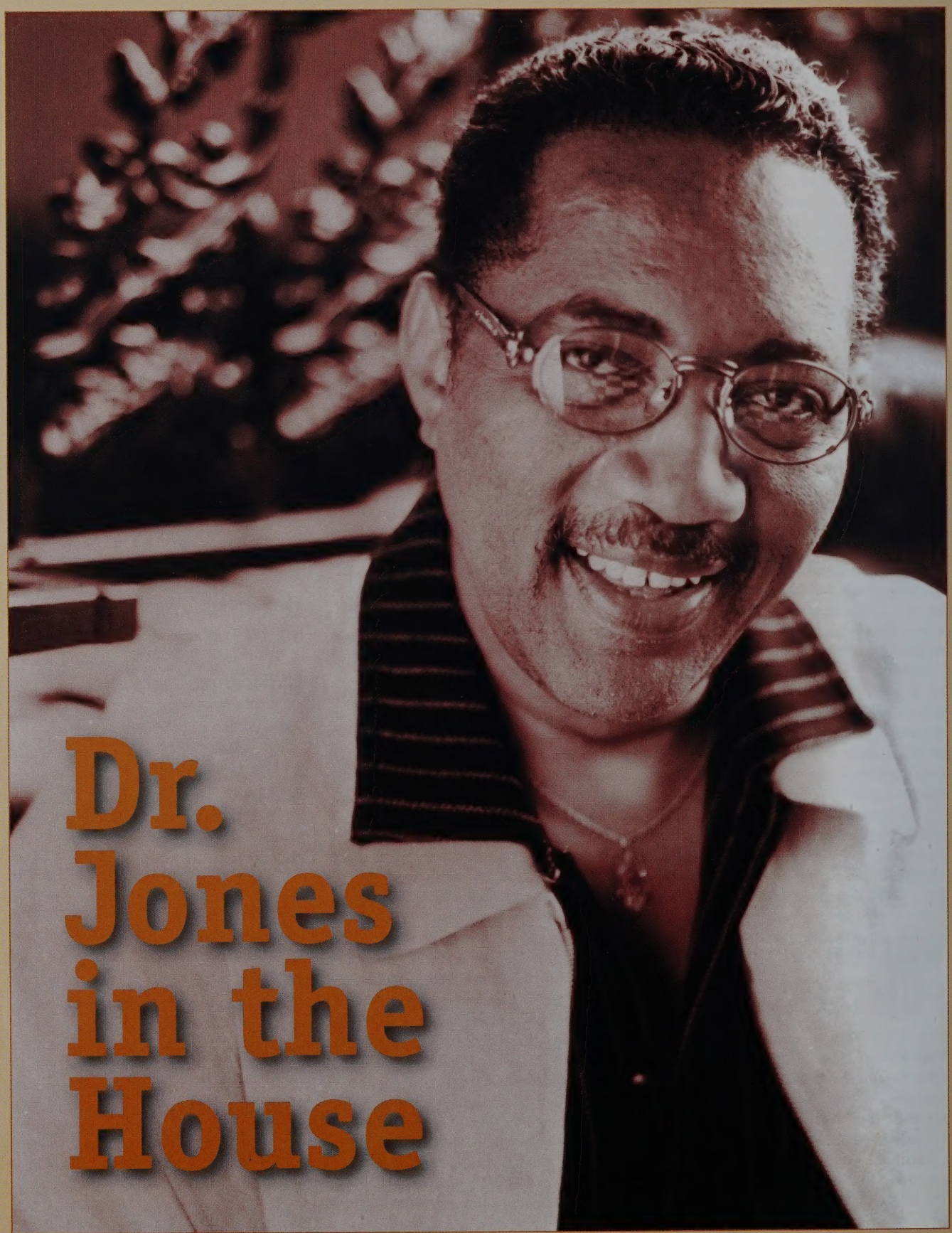
kujisource@aaainstitute.org.

PHYSICAL ADDRESS: Kujisource, 1833 W. Eighth St., Los Angeles, CA 90057-4257.

TELEPHONE: 213-353-3610.

FAX: 213-989-0181.



Dr. Jones in the House

African Americans do church like Hollywood does lunch: there's a high level of participation and it's done with intense devotion. Now, thanks to one of gospel music's most recognized faces, while millions of black folk in the U.S. and around the globe are worshipping the Lord, they're also getting a big, healthy helping of AIDS awareness, education and sensitivity training.

If you ask Dr. Bobby Jones, the church is a perfect place to bring about a more compassionate understanding of the pandemic and its heavy blow to the black community. He describes the judgmental actions of those who discriminate against persons with AIDS and its stereotypical implications as "the opposite of Jesus."

"We need to turn from negative thinking to positive thinking," Dr. Jones said in a recent interview with *Kujisource*. Influencing people in positive ways is something he's been doing all his life.

Dr. Bobby Jones has been with BET since the network's inception in 1980. He dominates their Sunday programming as the host and executive producer of *Bobby Jones Gospel,* and producer of *Video Gospel. Bobby Jones Gospel,* for which he is best known, has been airing on the cable channel for almost 20 years and is one of the network's most popular shows. Every Sunday, Jones, along with the New Life Singing Aggregation, performs contemporary gospel music and welcomes an array of gospel artists.

A Tennessee native who now resides in Nashville, Dr. Jones earned a master's degree at Tennessee State and a doctorate from Vanderbilt. He also helped develop the idea for a Black Expo in Nashville. It was during that time that Jones introduced the pilot for what is now *Bobby Jones Gospel* to a local television station in Nashville. The station picked up the show, which aired in the Music City for four years before joining the fledgling BET in 1980. Now, *Bobby Jones Gospel* is seen by a live audience of approximately 2,000 and a worldwide audience of millions of viewers in 18 nations, including several countries in Africa.

Those viewers have been hearing Bobby tackle AIDS head-on in the last several weeks and will continue to see the subject brought up on the show this summer. "The biggest thing is awareness," said Dr. Jones, who then outlined his show's goals when it comes to dealing with AIDS. "We want to eradicate this epidemic, to share with our television audience the effect of AIDS on the black community, and to sensitize the church to the plight of AIDS and become more friendly to those who have it."

To reach these goals, each week, *Bobby Jones Gospel* features guests who are more than qualified to talk about AIDS. Those guests have included Pernessa C. Seele, CEO and founder of the Balm In Gilead, the national non-profit organization whose mission is to work through black churches to stop the spread of HIV/AIDS in the African American community and to support those infected with, and affected by, HIV/AIDS (the Balm was featured in the March issue *Kujisource).* Also appearing on the show have been doctors, caregivers, treatment advocates and persons with AIDS.

One might assume such open, compassionate discussion of HIV on the Lord's day would bring about protests and negative reactions. Far from it. "The response has been overwhelming," said Dr. Jones. "Anything divinely guided is going to go over well." Even Magic Johnson's wife, Cookie, has expressed her appreciation for the show's efforts.

The threat of AIDS is something Dr. Jones has been cognizant of as long as the threat has been known. "I'm a news buff," he said, "and so I first became aware when the first stories started appearing. Personally, I've know four or five people who have died."

But many in the black community have chosen to put blinders on, and Dr. Jones has his own theories on why. "Fat don't make greasy," he said. "There's a lack of discipline, lack of education, and the urge to participate in activities on the edge of destructive behavior." The solution? "We need a change in behavior."

He also has strong ideas on what it will take to bring about this change. "Continual, relentless efforts, repeating the message over and over." The message includes "love and togetherness" and understanding that "everybody doesn't contract AIDS by so-called bad behavior."

To hammer home the message, Dr. Jones encourages everyone to become involved. "It's going to take government and community and local agencies, just like with tuberculosis, cancer and heart disease."

And for those who don't or won't get the message? Or who chose to remain prejudiced or ignorant? "All we can do is love them and teach them that there are other ways to get this. There's no wrong way to get this."

And what about kids, in particular those feeling their hormones racing through their bodies at Indy Race Car speed? Will they get the message?

"Some will, some won't," said Dr. Jones, then emphasized the need for churches and schools to deal directly with the issue of AIDS and all STDs. "Young people are gonna have sex. When the bug rises, there's nothing you can do about it. Abstention is not a word."

But "disease" is, and Dr. Jones feels very good about featuring the topic of AIDS on his show. "We all have a responsibility when it concerns anything that effects our people. The Lord has given me this platform. If I had someone to tell me about life, that would have been a big help to me. The platform is joy.

"All of us need to become involved in each other's lives," he went on to say. "This whole foolishness about gay people, straight people is nonsense. Nobody's going away. We're all here. Get over it. Get over this Puritanical church notion that some are better than others. Hope you can effect others in a positive way. We ought to be on the front lines defending everybody."

Every Sunday on his television show, Dr. Bobby Jones is doing just that.—*Randy Boyd*

His prescription: Continual, relentless efforts, repeating the message over and over.

"Young Leaders" (from left) are Bill Barnes, Promise, Robert Burns, Caya Lewis, Rashad Burgess and Ayanna Weathersby. Michael Gipson not pictured.

AAAPTI LAUDS SEVEN WITH YOUNG LEADERS AWARDS

While *People* magazine recently featured an issue highlighting the rising young stars of Hollywood, the AAAPTI honored seven young people making a different kind of contribution to the world at large. At a reception held during the National Community Planning Leadership Summit, the Leaders of Today and Tomorrow Awards said thanks to and put the spotlight on seven young black men and women for their work in the fight against HIV/AIDS.

In a gathering held at the California African American Museum Sculpture Garden in Los Angeles, seven bright young lives—all under the age of 30 and all involved in the field of HIV/AIDS for at least two years—were singled out for their dedication, initiative, and inspirational efforts.

Honorees included Bill Barnes of San Francisco, Calif., who works in the office of mayor Willie Brown; Caya Lewis of Baltimore, Md, health director of the NAACP; Rashad Burgess of Chicago, Ill., director of MOCCA 2000, a project of the Chicago Department of Public Health; Ayanna Weathersby of Oakland, Calif., HIV Services Director at AMASSI; Robert Burns of Cleveland, Ohio, coordinator of the Brother 2 Brother program of the AIDS Task Force of Greater Cleveland; Promise, who hails from St. Louis, Mo., and works with Health and Education for Youth; and Michael Gipson of Washington, D.C., project manager for National Youth Advocacy Coalition.

"With the increased incidence of HIV/AIDS among people of color, especially young adults and women, it is particularly important to encourage young African Americans to become engaged in efforts to combat HIV/AIDS in black communities," said Phill Wilson, Executive Director of AAAPTI.

The evening featured a keynote address by Dr. Helene D. Gayle, Director for the National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention. In her remarks, she praised the work of the seven young adults and encouraged others to take note. Another highlight of the evening was the screening of the recently completed video *House on Fire: Black America Responds to AIDS,* sponsored by the NAACP. The film's director, Mustapha Khan, and members of the cast were present and discussed the making of the film.

"The video depicts how everyone can do something to reduce the impact of HIV/AIDS in their communities," said Wilson. "This project is particularly poignant because both in their message and in their making, they are the tales of black people coming together to address a deadly enemy. There are the stories of greatness and humility. They demonstrate the redemption that can be found when people come together and the tragedies that can befall us when we don't."

The magnificent seven honored on this night are a prime example of the worldwide benefits of coming together.

HIV+ WOMEN, PEOPLE OF COLOR RISK DIABETES

If you are taking anti-HIV drugs, there is a chance that you've been told by your doctor that your sugar (glucose) levels are too high or, in some cases, that you have diabetes. The number of HIV+ people experiencing these problems is growing.

Diabetes is a group of diseases that have one thing in common: increased glucose levels in the blood. Over the past few years, doctors have been seeing diabetes and increased glucose levels in HIV+ people taking any of the five available protease inhibitors. They still do not know how the protease inhibitors—or any of the other anti-HIV drugs—cause diabetes. In people who take these drugs, a few studies have found higher than normal levels of insulin, a hormone produced by the pancreas. This hormone helps cells in the body make proper use of glucose. If your insulin levels and glucose levels are high, this might mean that your cells have become resistant to the insulin and can no longer process glucose correctly, causing levels of both to build up in the blood.

If you are a woman, African American, Latino, or Native American, you are at a higher risk of developing diabetes than white men. Left unchecked, diabetes and high glucose levels can cause damage to the eyes, kidneys, nerves, heart, and blood vessels.

While more information about diabetes is being collected, it's important that you keep a watchful eye on your glucose levels, especially if you're taking anti-HIV drugs. Glucose levels normally appear on standard blood test lab reports ordered by your doctor. It is also important that you be aware of the usual symptoms of diabetes. These include an increased need to urinate, increased thirst and appetite, weight loss, and blurry vision.—*Tim Horn*

If you are a woman, African American, Latino, you are at a higher risk of developing diabetes than white men.

MAJOR DEVELOPMENTS AFFECT AFRICA

If the African AIDS crisis was one of the continent's ongoing wars, the dizzying developments of the first two weeks of May would have sent observers scrambling to discover who won the offensive. But with the complexities of the fight against HIV in sub-Saharan Africa, the question following May's confluence of groundbreaking developments simply asks whose offensive was it.

PRESIDENT CLAIMS NO LINK BETWEEN HIV, AIDS; THEN REVERSES HIMSELF

The South African government delivered the first surprise back in March, when it announced plans to establish an advisory committee on AIDS that would include American scientists who assert no connection between HIV and AIDS. Shocked AIDS activists and global health monitors around the world declared that President Thabo Mbeki had finally gone too far in his scientific skepticism—he has previously questioned the safety of AZT, which is his latest reason for not subsidizing the drug for pregnant women—and questioned whether or not he was merely concocting excuses to avoid finally devoting more resources to the epidemic. Talk percolated of a boycott of July's world AIDS conference in Durban, the first to be held in Africa, threatening to derail an event many have eagerly anticipated as an historic advance in the fight against Africa's AIDS epidemic.

As if to thumb his nose at the discontent, Mbeki fired off a lengthy missive defending his exploration to President Clinton and other heads of state. Scoffing at the "intellectual intimidation and terrorism" of his international and domestic critics, Mbeki declared he would push ahead with his inquiry into alternative theories on the cause of AIDS in Africa. And, on May 4, Mbeki appointed controversial American scientists Peter Duesberg, father of the main theory challenging HIV's link to AIDS, and David Rasnick to his advisory committee.

But two days later, at the committee's first meeting, the tide again suddenly turned. Mbeki reportedly opened the meeting with a humble, personal address in which he said he believed HIV causes AIDS, and merely wants to explore the differences between Africa's epidemic and Western epidemics. He is looking for a dramatic solution to a dramatic problem, he explained. According to South African news reports, Duesberg's faction, half of the 33-person panel, was overshadowed throughout the day as those on the panel who believe HIV causes AIDS dominated discussions. But the "AIDS dissidents," as Duesberg and his followers have been dubbed, will have their say as well. The world now uneasily awaits the panel's reconvening in Durban during the July world AIDS conference, when it will decide what recommendations to make for Mbeki.

CLINTON ISSUES EXECUTIVE ORDER EASING THIRD WORLD ACCESS TO AIDS DRUGS

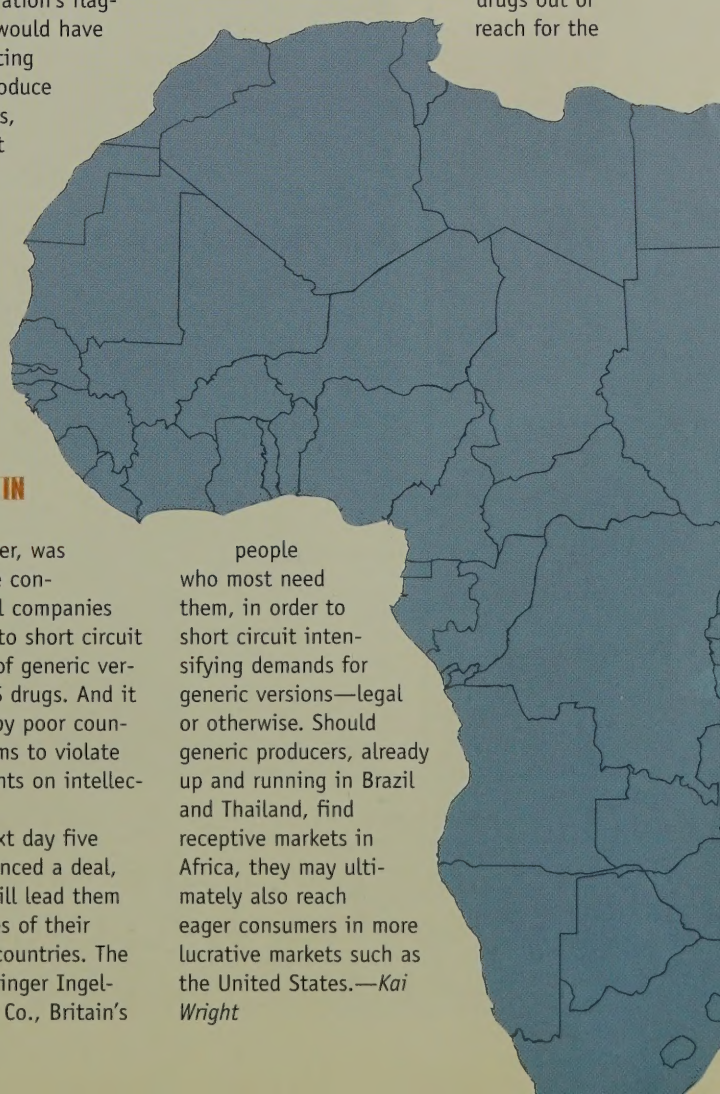
The next week, on May 10, a U.S. policy dispute that began in South Africa last summer found at least temporary resolution. After a Congressional panel struck language from the administration's flagship African trade bill that would have barred the U.S. from frustrating poor countries' efforts to produce or import generic AIDS drugs, Clinton acceded to a request from Sen. Dianne Feinstein (D-Calif.) and issued an executive order to that effect. It came less than two weeks after news surfaced that Clinton has declared the global AIDS epidemic a national security threat.

FIVE COMPANIES SLASH HIV/AIDS DRUG PRICES IN POOR COUNTRIES

The May 10 order, however, was carefully worded to ease the concerns of U.S. pharmaceutical companies that have fought arduously to short circuit the widespread availability of generic versions of their patented AIDS drugs. And it clearly excepted any effort by poor countries that the president deems to violate international trade agreements on intellectual properties.

As if in response, the next day five large drug companies announced a deal, brokered by UNAIDS, that will lead them to drastically slash the prices of their AIDS-related drugs in poor countries. The five firms—Germany's Boehringer Ingelheim, Bristol-Meyers Squibb Co., Britain's Glaxo Wellcome, Merck & Co., and Switzerland's F. Hoffman-La Roche—did not offer specifics, but said they were individually discussing with UN agencies strategies to broaden access to their products. Glaxo Wellcome did note that its Combivir —a combination of AZT and 3TC, two drugs used in "triple therapy"—may sell for as little as $2 for a day's dose. Bristol-Meyers also noted that two of its antiretroviral medications would be involved, as will Boehringer's mother to child transmission barrier Viramune (nevirapine).

But, again, the deal's ultimate meaning was unclear. As with Clinton's order, the deal comes with strong language from the World Health Organization supporting the sanctity of the companies' patents. Many skeptics argue that the companies are sacrificing their drugs in poor markets, at a reduced cost that will likely still keep the drugs out of reach for the people who most need them, in order to short circuit intensifying demands for generic versions—legal or otherwise. Should generic producers, already up and running in Brazil and Thailand, find receptive markets in Africa, they may ultimately also reach eager consumers in more lucrative markets such as the United States.—*Kai Wright*



THE HIV MOTEL

On a notorious stretch of Figueroa Street in the heart of urban Los Angeles, Kevin Pickett and Cora King bought the Palms motel as a real estate investment. What they got instead was an eye-opening experience that changed many lives.

From the day the motel doors opened under Pickett and King in 1992, the men and women who came looking for cheap rooms provided an up-close-and-personal view of the homeless, drug users and people living with AIDS, all segments of society that were worlds away from the African American owners' middle-class existence. For four years, the desperate lives of their customers made the motel owners take a hard look at the world outside their establishment and the fact that there were very few places for poor people infected with HIV.

In 1996, Pickett and King decided to do something about it. They closed the Palms Motel, and with the help of private and government funding, reopened a year later as a state-licensed residential facility for men who are chronically ill with AIDS or infected with HIV.

Today, the Palms is a small model of a rare kind of AIDS facility, one focused on helping African Americans and Latinos who live far from the centers of white gay life, where the largest share of public money for AIDS services has been traditionally spent. In Los Angeles County, the AIDS rate among African Americans is nearly twice that of whites, yet there is no AIDS housing in places like Inglewood, Compton, the Crenshaw district, all communities with large African American populations. Health care advocates believe that forcing people in these neighborhoods to travel for AIDS services limits their chances of getting assistance and, therefore, increases the risk of spreading the virus.

"People in this community want services just like anybody else," says Pickett.

Services at the Palms include certified nursing assistants, substance abuse counselors, a social worker and a recreation director, all working toward getting those who live as condemned men to believe in life again. Residents of the 25-bed facility represent the most recent face of the epidemic: those marginalized and unlikely to engender public compassion. Many have a history of drug use. Some are ex-cons. Some suffer mental illness. Some are so troubled that other facilities will not accept them. Men arrive at the Palms from the streets and prisons where they were infected, and from families who could not or would not care for them. The goal of the facility is to stabilize their health by getting them off the streets.

"You can get an apartment," Pickett tells them. "You can live

Sometimes people do things in motels that lead to HIV infection. This motel helps deal with the consequences.

Carl Ragland was the Palms Motel's first resident. He is a lean, cocoa-colored man, a crooner who can make his voice sound like Bobby Womack's, the skillful artist whose sketches hang on the wall of his room.

Ragland, a 45-year-old grandfather, struggles with drugs. Kevin Pickett, co-owner of the Palms, persuaded Ragland to enter a detox program.

When Ragland finishes, Pickett gives him a ride back to the facility.

"I was mad at you at first," Ragland says in the car. "But I know you did the right thing for me, man. I'm grateful to you, man, I really am. From the bottom of my heart, brother."

They pull into the Palms and Ragland is welcomed by the other men. Later, in his room, Nat King Cole's "Unforgettable" is playing on the radio. Ragland stops his cleaning long enough to dance a few playful steps. He smiles as he moves, an imaginary partner before him, and for a moment it seems as if all is well.

Months later, Ragland moves out of the Palms. Pickett stays in touch, but he says Ragland continues to struggle for sobriety and the encouragement to fight he found at the Palms.

with respect and dignity. All these things you can attain. We'll help you and show you how to do it."

Most of the residents are African American and Latino. A few are white. Some are heterosexual. Some are gay. The monthly cost of room and board for those who can pay is $350, usually taken from Social Security checks. Others show up with only the clothes on their backs and pay nothing.

This is not the kind of work that Kevin Pickett and Cora King had in mind when they acquired the Palms. Pickett owns a bail bond business and lives in Manhattan Beach with his wife and two young daughters. King, who lives in the upscale Baldwin Hills area, made money in real estate.

Neither fully understood what AIDS and drug abuse had done to the community before investing in the motel, but in the mid-90s, Los Angeles City Councilman Mark Ridley-Thomas began appealing to motel owners on Figueroa to consider other uses for their property. By then, King and Pickett had seen enough of the hardships of their guests. They invested their own money to renovate the Palms, and assembled a group of supporters that included Ridley-Thomas, attorney Johnnie Cochran Jr. and Magic Johnson.

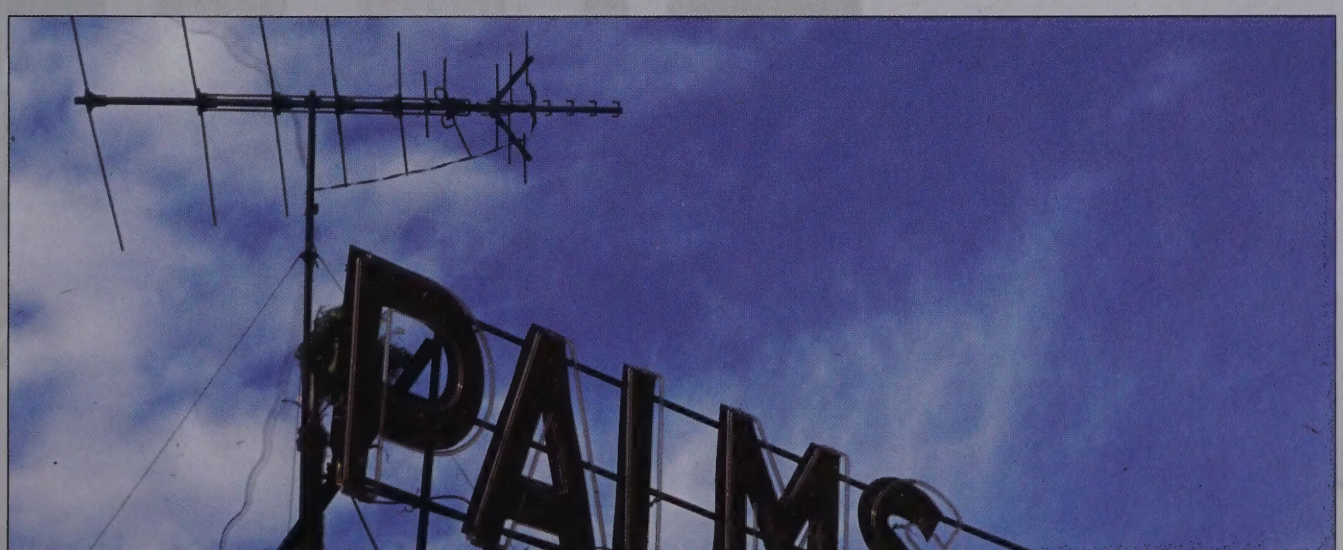
The Palms re-opened with $76,195 in federal AIDS housing funds administered by the city, and $10,000 each from Home Savings and the Magic Johnson Foundation. The motel owners also received a $400,000 grant from the county, which administers federal Ryan White Care funds.

Far from being an isolated colony, the Palms is an active community within the community. Each morning, residents visit one of the Palms' nursing assistants. They record each man's weight, blood pressure and temperature and hand out envelopes with each man's morning dose of medicine. A big screen TV is usually playing in the dining room. The kitchen is filled with the smells of potatoes, toast and chorizo. On Thanksgiving, Christmas and New Year's Day, the cooks prepare feasts—elegant affairs with tablecloths, flowers and the good plates. On any given day, relatives stop to visit on their way to work. A local Muslim temple drops off copies of its newspapers each week. A church elder comes twice a week to conduct Bible study.

The Palms has yet to have a resident die. The sickest have outlived doctors' predictions, and no one is bedridden. Men who were told they would live only months are around a year later, with a story to tell about making death wait.

On the way to reclaiming their lives, some men at the Palms succeed and some don't. Some have gone on to their own apartments, jobs and new lives. A few have ended up behind bars. Some have simply left. Pickett does not expect magical transformations, but he has hope for the men and for this place. So much hope that he is here almost every day, doing things like playing cards with the guys, matching wits with the reigning champ of Chinese checkers, helping shuttle the men to appointments.

"There's a lot of people out here working to change things," says Pickett. "It may be a tough battle, but it's not lost yet. You can't give up. You can't walk away."—*Randy Boyd based on an article by Jocelyn Y. Stewart, Los Angeles Times*



PFIZER GIVES DRUGS TO SOUTH AFRICA

Pharmaceutical giant Pfizer has offered to donate a crucial drug to South Africa. The drug is fluconazole, also known by its brand name, Diflucan. It treats cryptococcal meningitis, a painful and lethal brain disease that is one of the most feared AIDS opportunistic infections.

The offer gives hope to South Africa's 3.6 million people with HIV. Studies show almost 10 percent of AIDS patients contract cryptococcal meningitis, and, bereft of medicine, most South African doctors have been forced to send patients with the illness home to die. The daily dose of fluconazole costs about $15 in South Africa, far more than the country's many poor can afford. Those with the infection must take medication for the rest of their lives.

Pfizer's move comes in the wake of a worldwide campaign orchestrated by the Nobel Prize-winning Medicine Without Borders, ACT-UP and the South African activist group Treatment Action Campaign. This coalition had demanded that Pfizer lower the price of Diflucan to match the price of a generic version made and sold in Thailand. The Thai price is about 70 cents, while the South African government pays about $7.50 for the same dose.

The Treatment Action Campaign had lobbied the New York-based Pfizer for a year to reduce the drug's price, said volunteer coordinator Midi Achmat. Last month, a group of protesters broke into Pfizer's New York headquarters to demand a meeting with Chairman William Steere, though ultimately met with a lower-level executive.

Thabi Nyide, associate director of corporate affairs in Pfizer's Johannesburg office, said that the lobbying was probably part of a stream of events that led to this move and not the only factor. "With or without the demonstration, I'm sure we would have done something," she said. "This is a response to an unmet medical need in the country."

Donating the drug "is more than we asked for in some ways," said Achmat. He added that activists were in a meeting with lawyers preparing to petition the government to take legal action against Pfizer when the call came through from the drug company. "It floored us," said Achmat.

The South African government was more reserved in its reaction. It welcomed Pfizer's offer, but health ministry spokesperson Nothemba Dlali said the government feared that the donation might be only temporary, in which case South Africa would have to deal with thousands of patients demanding the government pick up the tab after the drug was no longer free.

Activists, too, cautioned that donations are not a sustainable way to solve the desperate dearth of drugs in the developing world and, in particular, sub-Saharan Africa, where more than 23 million people are infected with HIV. In a statement released by Medicine Without Borders, Kenyan physician Chris Ouma said, "We're very happy for the South Africans, but for me, as a Kenyan doctor, and for the Kenyan patients dying from cryptococcal meningitis, it doesn't help much."

Pfizer's proposal, which is limited to South Africa, sidesteps the larger issue of how to make drugs available throughout the developing world, and the Treatment Action Campaign also is lobbying other pharmaceutical firms to reduce prices of other AIDS-related drugs. The group is asking Glaxo Wellcome PLC to make AZT available for free to reduce the risk of mother-to-infant transmission. But the British firm had no plans to offer AZT free, said Ben Plumley, head of Glaxo's external relations. "Donations only make sense in short-term interventions and the problem with HIV is that it is a chronic disease," he said, adding that Glaxo offers AZT on a steep discount to patients in developing nations and gives away AZT to the relief organization UNICEF, which makes the pills available to people in developing countries.

So new is Pfizer's offer that at press time even the company itself was unsure of many details. But Dr. George Flouty, medical director of Pfizer's public health program, said that the company wants to model the Diflucan donation on its current program to combat trachoma, the world's leading cause of preventable blindness. To treat that illness, which is confined almost wholly to the Third World, Pfizer donates its antibiotic Zithromax, but only through programs that comprehensively address the illness with education. Similarly, said Flouty, "We want to ensure proper diagnosis, treatment, and follow-up."

Follow-up is one of the most crucial aspects of treating cryptococcal meningitis because AIDS patients must take fluconazole every day or the disease almost always returns. Will Pfizer donate the drug just for the initial treatment or also for the prevention of relapse? Flouty said such "nuances" were still being worked out, but added, "I'm going to go out on a limb here. If that's the right thing to do, I think we would want to do it."

Why would Pfizer donate the drug rather than reduce the price? "It's better to give it away," said Hemant Shah, a stock analyst who tracks pharmaceutical companies. Pfizer can now reap public-relations benefits for its charity. But already, activists are asking for more.

"This is limited to South Africa and to people with cryptococcal meningitis," said Eric Sawyer, a veteran ACT-UP member. "But people also die of esophageal thrush," another common AIDS illness that Diflucan treats.

Pfizer's offer hangs on its ability to negotiate an acceptable program with the South African government, which may prove difficult. In 1998, Glaxo offered a 75 percent discount on AZT, but South Africa has rejected that offer. Recently President Thabo Mbeki defended his decision not to provide AZT to pregnant women by accusing "many people in our country" of sacrificing "all intellectual integrity to act as salespersons of the product of one pharmaceutical company!"

The South African government's stance on AZT has angered and alienated AIDS workers, locking the two sides into an adversarial relationship. But Pfizer's offer could break the logjam, says Achmat, noting that the health ministry has invited his group to discuss the Diflucan proposal. "We will be working very closely with the department of health," he predicts, "and we will be looking at all drugs, not just this one."—*Randy Boyd*

MYERS CALLS FEDERAL FUND PLAN 'OUTDATED'

There is a terrible discrepancy between those who are receiving funding to fight [HIV/AIDS] and those who are suffering the highest rates of HIV infection," stated Phyllis Berry Myers, executive director for the Center for New Black Leadership, in a statement to hearings held the first week of March by the U.S. Senate Health, Education, Labor and Pension Committee to review reauthorization of the Ryan White CARE Act.

"Today, black and Hispanic women run the highest risk of HIV infection. Although 50-70 percent of these women do not participate in high-risk behavior, they have partners who do," said Myers, adding that better tracking of rates of HIV infection, rather than just AIDS cases, plus partner notification procedures, would provide more accurate data on the epidemic and enable better predictions of future trends.

"Ten years ago, HIV ravaged the gay white male population and federal funds were provided to assist with the availability of needed medicines and hospital care for individuals suffering from AIDS. However, today we are faced with a far more widespread epidemic. Even though many of the victims of HIV/AIDS have changed, the funding has not," said Myers.

"According to [the CDC], in 1998, of the 10,998 total AIDS cases reported among U.S. women, over 80 percent were among black and Hispanic women and of the 382 children reported with AIDS in 1998, 84 percent were black and Hispanic."

She cautioned, "Not that we are trying to pit one group against another, however; ..." but emphasized, "It is time we fight this disease where the need is greatest, in the black and Hispanic heterosexual community. I strongly encourage the Senate Committee to rethink its outdated funding formularies and provide all Americans with the necessary funds to battle a disease that is an equal opportunity killer."

The Center for New Black Leadership describes itself as a "research and advocacy institute devoted to developing and promoting a market-oriented, community-based vision of public leadership for black communities in America."

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AAAPTI TO BRING AIDS INFO TO U.S.

For those who can't get to Durban, the AAAPTI is bringing Durban to you. In July, the South African hamlet will be the site of the 13th World AIDS Conference, where worldwide leaders in the medical, health care and political fields share the latest essential information in the fight against AIDS. This year, the AAAPTI will be there to report back to the African American community the vital details of the first World AIDS Conference to be held on the mother continent.

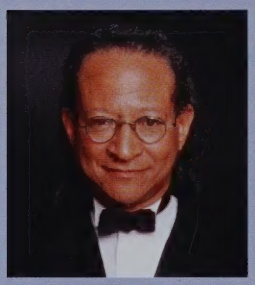
In town hall style meetings from coast to coast, black Americans will have the opportunity to hear first hand about such topics as: what the latest research means to the community, how to access services, and how to get the best available treatment. Other features of the meetings include free HIV testing, refreshments and door prizes. Below is a list of the scheduled meetings, along with the local sponsor of each gathering.

- August 3, 2000, Atlanta, Georgia, Outreach Inc.
- August 8, 2000, St. Louis, Missouri, BABAA
- August 9, 2000, Baltimore, Maryland, Sisters Together and Reaching
- August 10, 2000, Washington D.C., D.C. Care Council
- August 18, 2000, Houston, Texas, Health Department
- August 22, 2000, New York, N.Y., Harlem Directors Group
- August 25, 2000, Jacksonville, Florida, People of Color AIDS Coalition

Meetings are also scheduled for several cities for which no details were available at press time. These are: Jackson, Miss., Indianapolis, Ind., Newark, N.J., Oakland, Calif. and Los Angeles, Calif.

AIDS Researcher Dies

Walter W. Shervington, M.D., 62, a psychiatrist and chief executive officer of New



Orleans Adolescent Hospital, died April 15, 2000 of cancer at Tulane Medical Hospital. An extensive writer/lecturer/researcher about mental health and AIDS in the African American community, he was the 99th president of the National Medical Association and held numerous positions in many professional associations in the field of mental health.

A member of the AAAPTI NIA Plan steering committee, Shervington ran Louisiana's mental health system under Gov. Edwards, and was associate professor of psychiatry at Louisiana State University School of Medicine.

Filmmaker Seeks Men, Women

Documentary filmmaker **Nadia Buckmire** is seeking participants to assist in a new, progressive documentary film project about HIV/AIDS in the heterosexual context. Heterosexual women and men over age 18, HIV+ or PLWAs, should be attractive, well-spoken, positive, serious, strong and dynamic. For more information, 323-860-8703.

CDC Announces Grants

The **U.S. Centers for Disease Control and Prevention (CDC)** announced on May 4, 2000 a $9 million program to fund 12 organizations nationwide in order to enhance HIV prevention activities in communities of color, including African American, Latino, Native American, and Asian and Pacific Islander communities.

Grants ranging from $200,000 to nearly $2 million each will boost training for HIV prevention, community mobilization, policy development, grant-writing, fiscal management, and human resources support, including through faith-based programs and services as well as those targeted toward gay/bisexual men. African Americans in particular, who constitute 66 percent of minority AIDS cases, will receive an overall 63 percent of the funding.

Advances Spur Risky Behavior

One in five people engaging in behavior that puts them at higher risk for contracting HIV say that they had less concern about becoming HIV positive and were less careful during sex or drug use, because of the better treatments (HAART, etc.) available today. This data comes from studies by **Stan Lehman,** et al at the CDC, which interviewed 1986 people.

Panel Calls for AIDS Fight

Participants in a panel discussion on AIDS in Africa at Harvard's Graduate School of Education are calling on the African American community and U.S. leaders to help fight the epidemic. The topics of rape and promiscuity sparked discussion on sexual behaviors that help spread HIV.

Rev. Eugene Rivers, co-chairman of the National Ten-Point Coalition, called for "a post-civil rights freedom movement to free the women of the world from rape and sexual exploitation." In addition, panelist Kevin Freeman of Boston University's School of Public Health suggested that all races should work together to help stop AIDS.—*Boston Globe Online.*

AIDS Killing African Teachers

The AIDS epidemic is killing Africa's teachers, which heavily impacts Africa's children and hope for the future. Some estimates are that one-third of African teachers are HIV positive. Many African children are orphaned by AIDS, as life expectancy in ten African countries has fallen to below-1975 levels. Many female students are quitting school to care for infected parents. Sex, which remains a taboo subject in most places, is rarely discussed in classrooms, which also are not doing enough to teach young students about safer sex. However, Uganda has set a better example by cutting HIV rates in half in urban areas.—*U.S. News & World Report.*

Healthy with HIV May Be Genetic

Researchers from the **National Institute of Allergy and Infectious Diseases (NIAID)** have discovered a reason why some persons infected with HIV may live for many years without AIDS symptoms (long-term nonprogressors, or LTNPs).

NIAID's Mark Connors, M.D. led a team of U.S. and Australian researchers investigating 13 LTNP subjects, looking at specific immune system genes called human leukocyte antigen (HLA) genes. In 11 (or 85 percent) of these 13 patients they found a gene encoding an HLA variant called "HLA B*5701," while only 19 (9.5 percent) of 200 progressors carried this gene. The findings suggest that the immune systems of the LTNPs, not the presence of a weakened form of virus, enable them to avoid disease.

AAAPTI Gets New Quarters

AAAPTI has moved its offices to a new location near downtown Los Angeles. The new address is 1833 W. Eighth St., Los Angeles, Calif. 90057-4257. The new telephone is 213-353-3610. Fax is 213-989-0181. The general email address remains the same: info@aaainstitute.org.

AIDS Activist Succumbs

Kiyoshi Kuromiya, 57, Philadelphia-based AIDS and lifelong civil rights activist, died earlier in May at Pennsylvania Hospital from AIDS complications. A longtime gay activist, he co-founded ACT-UP Philadelphia, published the AIDS newsletter "Critical Path," ran a 24-hour information AIDS hotline, ran the "Transcendental Medication" medicinal-marijuana buyer's club, and maintained an active Internet presence which included his extensive website www.critpath.org. Kuromiya earlier traveled widely with famed visionary engineer/architect R. Buckminster Fuller and was a writing assistant for Fuller's later books including *Critical Path.*

Cervical Cancer and HIV

Cancer of the cervix has been an AIDS-defining illness for HIV positive women since 1993. HIV positive women are more likely to have human papilloma virus (HPV) than HIV negative women, and certain types of HPV can lead to cervical cancer by causing dysplasia or abnormal cell growth. HPV is transmitted sexually, and is even more common in women who began sexual activity at a younger age—the cells of the cervix may be more vulnerable to infection when they are not fully matured.

The cervix is located at the lower end of the uterus, and can be seen by a health care provider during a pelvic examination. It is during this examination that cells are gently scraped from the cervix and examined under a microscope, a procedure commonly called a "Pap smear."

Another procedure called a colposcopy may also take place during a pelvic exam. The cervix is first coated with acetic acid, a liquid similar to vinegar. This causes tissues containing abnormal cells to turn lighter than surrounding areas. The colposcope is used to view the cervix. A small tissue sample may be removed at this time and examined under a microscope.

Because dysplasias can occur more frequently or be more difficult to treat in HIV positive women, it is recommended that a Pap smear be done every six months. If any abnormalities are detected from the Pap smear, the patient should be referred for colposcopy.

The ThinPrep Pap Test is a new Pap test that has been approved by the Federal Drug Administration. Studies have shown that ThinPrep allows for the detection of abnormal cells that might be missed on a standard Pap smear. If this test is not available through your insurance, or where you receive your care, consider contacting the nearest AIDS service organization to advocate on your behalf.

Women should have their first Pap test by age 18 or when they become sexually active, whichever comes first—and they should continue to have routine exams, even after they reach menopause. A Pap smear takes only a short amount of time compared to the months of treatment that a disease in the advanced stages may require. As with most forms of cancer, early detection will provide the best chance for successful treatment.—*Nina Marks*

If you've been told that you have an abnormal Pap smear, chances are you've heard a lot of confusing terms. Knowing what these terms mean can be helpful to you in discussing your treatment options.

DIAGNOSIS TERMS

Dysplasia simply means abnormal cells in the cervix that may become cancerous. Dysplasia may be graded as mild, moderate, or severe.

ASCUS (atypical cells of undetermined significance) means that abnormal cells have been found on your Pap smear.

SIL (squamous intraepithelial lesion) also describes changes in the thin, flat cells (squamous cells) of the cervix, and is diagnosed by a Pap smear. SIL is classified as either "low-grade" or "high-grade," depending on how many abnormal cells are found.

CIN (cervical intraepithelial neoplasia) is yet another term for abnormal cervical epithelial (surface) cells diagnosed by biopsy. A doctor may refer to CIN 1, CIN 2, or CIN 3, depending on the depth of abnormal cells in the cervical tissue.

Cervical cancer (squamous cell cancer) is responsible for more than 7,000 deaths in the United States each year. Regular Pap smears and monitoring are the best tools in preventing SIL or CIN from progressing to cervical cancer.

TREATMENT TERMS

Cryotherapy uses liquid nitrogen to freeze parts of the cervix to kill abnormal cells. This is one of the easiest treatments and can often be performed in a doctor's office.

Laser treatment is more aggressive than cryotherapy and uses a high-powered light beam to burn and remove abnormal cervical tissue. This is usually done in a hospital.

LEEP (loop electrical excision procedure) is a surgical procedure almost always performed in a hospital. It is not used for CIN lesions too deep to see with a colposcope.

Cold-knife cone biopsy is a widely-used surgery in which the abnormal cervical tissue is cut away. This allows an accurate diagnosis and effective treatment of CIN.

None of these procedures are advised for women who are pregnant. The removal of tissue from a woman's cervix my affect her ability to become pregnant, or carry a baby to full term. Many things must be considered when treatment is needed and it's important to discuss them all with your health care provider.

Al Gore, Bush Differ on HIV/ AIDS in Prison

At the end of 1997, according to the United States Justice Department, 49.4 percent of the state and federal prison population was African American. Black men were eight times more likely than white men were to be locked up in a state or federal prison. In local jails, as of mid-year 1998, African Americans overall represented 41 percent of the inmate population and were six times more likely to have served time than whites.

Meanwhile, the Justice Department reports, the rate of AIDS cases among prisoners was at least five times that of the general U.S. population at the end of 1997. Black prisoners were twice as likely to be HIV positive as whites, and black women in federal prisons were six times as likely to be positive as white women.

For the presidential elections, then, the broader question of why African Americans are disproportionately imprisoned in the first place is certainly a key one for candidates to confront. But the more specific questions of how to prevent the spread of HIV among prisoners and how to treat those who are already infected are equally important.

Frankly, it's unclear what impact a president can have on the problem of AIDS among incarcerated populations. Inmates housed in state prisons or city and county jails vastly outnumber those in federal prisons. Federal prisons collectively house just over 100,000 inmates, while state prisons and local jails combine for nearly 1.2 million. And only just over a thousand of the over 50,000 inmates with HIV or AIDS at the end of 1997 were housed in federal prisons. But, as seen on issues such as gun control and tobacco regulation, the president can surely set the tone of the debate, and the administration is still responsible for those 100,000 inmates and for pushing federal funds for state and local efforts.

HIV prevention is an area in which both federal and local prison systems have come under fire. Vice President Al Gore's campaign did not return a request for Gore's personal positions, but the federal system under the Clinton/Gore administration has been closed to the idea of making condoms available to prisoners, and has certainly not opened its doors to needle exchange programs. Here, there is little difference between Gore and Gov. George Bush (R-Texas). As sodomy remains a crime in Texas, something Bush vocally supports, the state system has been equally closed to making condoms available, and he opposes needle exchange programs in general.

The Clinton/Gore administration has been hailed for its support for new demonstration projects on HIV prevention in correctional facilities, set to be launched in 11 states and cities with $7 million in federal funding. These projects will also have a treatment component, and will explore ways to reach prisoners after they leave the corrections system. One of the towering concerns raised by prison care advocates is the procedure used by both federal and state systems for discharging prisoners. They complain that officials release prisoners without adequate medication and counseling, sowing the seeds for the spread of resilient strains of HIV in the black community.

The administration's federal system has been slow to set up peer counseling programs or to open its doors to community based organizations for prevention efforts. On this issue, Bush's Texas system has made strides, according to local activists. In February of last year, the Texas Department of Criminal Justice invited AIDS Foundation Houston to train peer counselors in five state institutions. Bush's contribution to that initiative, beyond not standing in the way, is limited however. Texas's prison system, while governed by the TDCJ, operates in a classically conservative, decentralized manner. Bush does not involve himself in the details of prison policy. "We try to be very locally driven, so the priorities come up from the community and the community directs us," Texas Health Department HIV reporting coordinator Anne Robbins explained. "We infrequently receive that kind of directive from the governor's office." Voters can assume Bush will approach federal prisons in the same way.

On the treatment side, there are two central issues, according to some prison advocates. One is ensuring that the quality of care offered to prisoners matches that of agreed upon standards for those on the outside. The other is offering prisoners options for receiving their medications without standing in the "pill line"—a system in which prisoners all line up together to receive their drugs, thereby compromising the privacy of HIV positive prisoners and fostering treatment noncompliance. The decentralized nature of Texas's system again means that how these issues are addressed varies from institution to institution. But, as M. Naomi Madrid, head of PWA Coalition Houston, put it, "Once the inmates are released, we hear numerous, numerous stories [of poor treatment]."

Ultimately, many advocates interviewed for this column said that the primary contribution the president can make is in using the bully pulpit to bring better health care and overall humanity to the nation's prison systems. On this count, Bush does not fare well. Texas has the second highest incarceration rate in the country, and with over 143,000 inmates (45 percent of whom are black) it imprisons about 25,000 more people than the entire federal system. Decentralized or not, Bush is responsible for the way justice unfolds in Texas. Again, in Madrid's words: "If you stop and think about it, we're leading [the nation] in executions.... The state just doesn't have any compassion for that population."—*Kai Wright*

AAAPTI HAS FULL PLATE AT DURBAN AIDS CONFERENCE

The African American AIDS Policy and Training Institute (AAAPTI) will have an active presence at the XIII International AIDS Conference in Durban, South Africa this year, working on several fronts at once.

INTERNATIONAL COMMUNITY TREATMENT AND SCIENCE WORKSHOP

Perhaps its most significant local effort will be to produce the International Community Treatment and Science Workshop (ICTSW), a two-day intensive training program for up to 250 people. Held July 6-7, it will be divided into three main tracks, a Basic Science track, a Clinical Science track and a Prevention track. At past international AIDS conferences, community participation in some Conference tracks has been limited, because many people living with HIV/AIDS or working through community-based organizations (CBOs) or non-governmental organizations (NGOs) found the main conference presentations to be inaccessible. The ICTSW aims to change this.

The Basic Science Track will focus on immunology, virology, microbiology, laboratory and animal tests, vaccines and HIV pathogenesis. The Clinical Science Track will focus on clinical trials, antiretrovirals, opportunistic infections and cancers, neurology, wasting, nutrition and alternative therapies. There will also be an Activism Track that will focus on treatment advocacy, community involvement in research, treatment newsletters and enhancing the networks of activists.

The goal of this Workshop is to provide additional resources to HIV/AIDS workers from CBOs and NGOs. The Workshop also hopes to expand and enhance the network of connections among CBO/NGO treatment and prevention activists and educators. By sharing personal experiences, they can learn from each other how to better tackle practical issues at every level, from local to regional to global.

ICTSW will use at least four ways of supporting participants. Participants will be paired up as buddies and encouraged to attend various sessions together. Daily debriefings will summarize and review the proceedings with more-experienced activists and perhaps scientists. Some participants will have the chance to work with mentors who may be experienced activists, clinicians or scientists. Finally, after the Durban conference, a limited number of participants will receive support in organizing and presenting HIV/AIDS updates in their own local communities.

MAXIMIZE DURBAN

AAAPTI's "Maximize Durban" effort helps people plan their schedules and includes various suggested itineraries for conference attendees to enable them to maximize their exposure to workshops and presentations without becoming overwhelmed by the vast array of activities and meetings taking place. Click on www.BlackAIDS.org/Durban for information.

NEWS FROM DURBAN

The "News from Durban" initiative is a major program designed to provide daily news reports from the conference, focusing on issues of particular interest to African Americans.

These reports will air on the affiliate radio stations of the America Urban Radio Network, the largest black-owned radio network in the U.S. with nearly 300 radio affiliates serving eight million listeners and will hit newsprint via the the National Newspaper Publishers Association with over 200 newspapers and reaching over ten million African Americans each week.

KUJISOURCE SPECIAL EDITION

A special edition of *Kujisource* will be published in July devoted to news from the Durban. This issue will include more pages and have wider distribution.

WWW.BLACKAIDS.ORG

In addition, AAAPTI will be updating and maintaining its Internet website (www.BlackAIDS.org/Durban) remotely during the conference. One of its offerings will be an online discussion group where African American participants at the conference can post comments about the personal impact of being in Africa and of attending an international AIDS conference at the epicenter of the pandemic.

Thank you for my copies of *Kujisource*. I love the publication and I am so excited and thankful to you. The team at AAAPTI is going excellent work.

Anthony Gillespie
Via email

I recently received copies of *Kujisource*. I am very excited and happy to see a national newsletter written for and by African Americans. I read every article and I am anxiously waiting for the next issue. I also distributed the extra newsletters to my colleagues and all have given such positive feedback. Thanks for such a much needed publication.

Tony Morris, CEO
Jefferson County AIDS in Minorities
Birmingham, Ala.

Thank you for including the sistahs in *Kujisource*. So often so-called inclusive publications either leave us out or relegate us to our own "special column" as if women's concerns merit only ghetto space.

Jeanietta Lord
Denver, Colo.

Kujisource

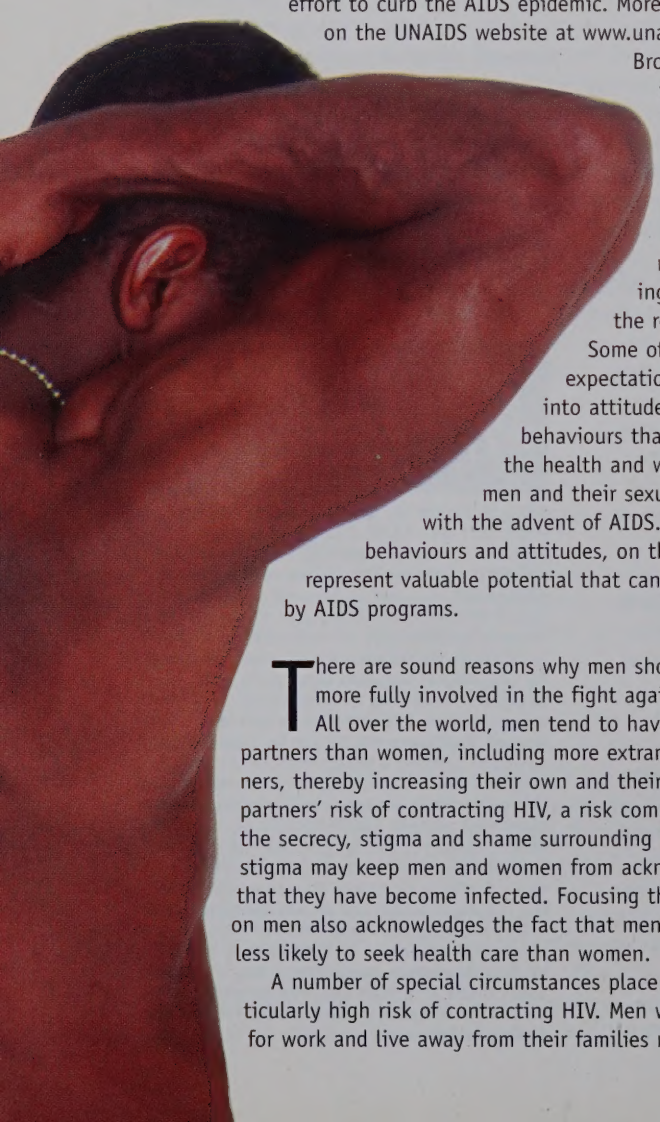
Kujisource, the journal of the African American AIDS Policy and Training Institute and the AIDS Social Policy Archive at the University of Southern California, is published monthly. Coordinating editor: Alan Bell. Editorial office: 1833 W. Eighth St., Los Angeles, CA 90057-4257, 213-353-3610, 213-989-0181 fax, kujisource@aaainstitute.org. **© 2000 AAAPTI. All rights reserved. Publication of the name or photograph of a person does not indicate the sexual orientation or HIV status of the person or necessarily constitute an endorsement of the Institute or its policies. Kujisource is designed for educational purposes only and is not engaged in rendering medical advice or professional services. The information provided through Kujisource should not be used for diagnosing or treating a health problem or a disease. It is not a substitute for professional care.** **This publication is supported by cooperative agreement number 1U69HA00040-01 from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). The publication's contents are solely the responsibility of the copyright holder and do not necessarily represent the official view of HRSA or HAB. Photograph on page 1 by Greg McNeal, page 4 by Russ Harrington, page 6 by Aaron Birt and pages 8 and 9 by Alan Bell. Photos on pages 13, 14 and 16 are generic stock photos for purposes of illustration only.**

UNAIDS SAYS MASCULINITY IS PROBLEM, SOLUTION IN FIGHT AGAINST HIV/AIDS

Men can change the course of the AIDS epidemic, according to a report released in New Delhi last month by the Joint United Nations Programme on HIV/AIDS (UNAIDS) for the launch of the year 2000 World AIDS Campaign. The new Campaign aims to involve men more fully in the effort against AIDS and to bring about a new, much-needed, focus on men in national responses to the epidemic.

"The time is ripe to start seeing men not as some kind of problem, but as part of the solution," said Peter Piot, Executive Director of UNAIDS. "Working with men to change some of their attitudes and behaviors has enormous potential to slow down the epidemic and to improve the lives of men themselves, their families and their partners."

The UNAIDS report challenges harmful concepts of masculinity and contends that changing many commonly-held attitudes and behaviors, including the way adult men look on risk and sexuality and how boys are socialized to become men, must be part of the effort to curb the AIDS epidemic. More details are on the UNAIDS website at www.unaids.org.



Broadly speaking, men are expected to be physically strong, emotionally robust, daring and virile, the report says. Some of these expectations translate into attitudes and behaviours that endanger the health and well-being of men and their sexual partners with the advent of AIDS. Other behaviours and attitudes, on the contrary, represent valuable potential that can be tapped by AIDS programs.

There are sound reasons why men should become more fully involved in the fight against AIDS. All over the world, men tend to have more sex partners than women, including more extramarital partners, thereby increasing their own and their primary partners' risk of contracting HIV, a risk compounded by the secrecy, stigma and shame surrounding HIV. This stigma may keep men and women from acknowledging that they have become infected. Focusing the campaign on men also acknowledges the fact that men are often less likely to seek health care than women.

A number of special circumstances place men at particularly high risk of contracting HIV. Men who migrate for work and live away from their families may pay for sex and use substances, including alcohol, as a way to cope with the stress and loneliness of living far from home; men in all-male environments, such as the military, may be strongly influenced by a culture that reinforces risk-taking; in some institutions such as prisons, men who usually prefer women as sex partners may have sex with other men.

Male violence further drives the spread of HIV—through wars and the migration they cause, as well as through forced sex. Millions of men a year are sexually violent towards women and girls, sometimes in their own family or household. Worldwide, a recent report says that at least one woman in three has been beaten, coerced into sex or otherwise abused in her lifetime.

At the same time, a careful balance needs to be struck between recognizing how men's behavior contributes to the epidemic and their potential to make a difference. As politicians, as front-line workers, as fathers, as sons, as brothers and friends, men have much to give.

Men need to be encouraged to adopt positive behaviors, and, for example to play a much greater part in caring for their partners and families. Numerous studies worldwide show that men generally participate less than women in caring for their children. This has a direct bearing on the AIDS epidemic, which has now left over 11 million children orphaned and in need of adult help to grow up clothed, housed and educated.

The report also notes that greater attention must be given to the needs of millions of men, in particular those living with HIV/AIDS. Except in a handful of countries, men have a lower life expectancy at birth and higher death rates during adulthood than women. But boys who are brought up to believe that "real men don't get sick" often see themselves as invulnerable to illness or risk.

"Too often, it is seen as 'unmanly' to worry about avoiding drug-related risks, or to bother with condoms," said Dr. Piot. "These attitudes seriously undermine AIDS prevention efforts."

It has already been demonstrated that men's behavior can change, and that such change in turn alters the epidemic. For example, in parts of Africa, Central America and Asia, long distance truck drivers have been encouraged to reduce their number of sexual partners and more consistently practice safer sex. In Thailand, there have been successful programs for prevention among army recruits. In many countries, including the United States, college students are beginning to delay the onset of sex and are using condoms more consistently.

All this does not mean an end to prevention programs for women and girls. Rather, the Campaign aims to complement such programs. Work which enhances gender awareness and sensitivity should focus on the needs of both women and men.

Do you agree or disagree with the findings of the UNAIDS? Give us your opinion on this article or on any other article that appears in Kujisource. See page 15 for details on how to contact us with your comments by regular mail or email.

OUR PEOPLE — OUR PROBLEM — OUR SOLUTION

Kujisource

MARCH 2000

FEDERAL AGENCY SAYS BLACKS GET LESS CARE

WASHINGTON—African Americans and Latinos with AIDS are getting inferior care compared with whites who have the disease, government auditors concluded in an assessment of how government funding on AIDS programs was spent.

"Compared with whites, African Americans and Hispanics receive less appropriate care for their HIV disease," said an audit to be released Thursday by the General Accounting Office (GAO), the investigative arm of Congress. The audit of funds administered to state and local AIDS service groups through Ryan White Comprehensive AIDS Resource Emergency (CARE) Act grants was requested by Rep. Tom Coburn (R-Okla).

The ten-year-old act, named for the Indiana boy whose battle with AIDS attracted national attention, provides money for health clinics treating low-income AIDS patients and for training for those caring for HIV-infected individuals. It has provided nearly $8 billion in government funds to AIDS programs. The money goes primarily to cities with high concentrations of AIDS cases and to states.

The GAO audit showed that African Americans, Latinos and women were receiving substandard care when compared to whites when it comes to doctors' visits, emergency room visits, hospitalizations and drug therapies. The findings come as research shows that the AIDS epidemic is hitting people of color and women hard.

Continued on page 3

Kujisource is taken from the second principle of Kwanzaa, Kujichagulia. It is the principle of self-determination. It means to define ourselves, name ourselves, create for ourselves and speak for ourselves instead of being defined, named, created for and spoken for by others.

PHILL WILSON takes a seat after introducing U.S. Dept. of Health and Human Services Secretary DONNA SHALALA.

TESTING PUSHED AT NATIONAL BLACK HIV/AIDS CONFERENCE

Jesse Jackson Speaks, Takes AIDS Test at Local Facility to Demonstrate Ease of Administration

WASHINGTON, D.C.—African Americans, hard-hit by HIV diagnoses and deaths from AIDS, have access to the potential benefits of "highly active anti-retroviral treatment" (HAART) against HIV, but far too few have been tested and enrolled in a regimen, according to speakers at the 2000 National Conference on African Americans and AIDS, in Washington, D.C. February 24-25, 2000.

Viral load, toxicity, adherence, and other factors may interact in the effectiveness of various HAART "cocktails," but cultural issues of racism, homophobia and sexism, the stigma associated with HIV and AIDS, and trust of or access to healthcare in general remain significant barriers as well. The two-day conference, sponsored by Johns Hopkins University School of Medicine and Bristol-Myers Squibb, was the second annual meeting showcasing a parade of researchers, public health officers, and non-governmental activists.

Phill Wilson, founder of the African American AIDS Policy and Training Institute, and himself a long-term survivor of AIDS, opened the Conference with a message that included an analogy between living with HIV/AIDS and running in a marathon. His remarks served to introduce U.S. Department of Health and Human Services Secretary Donna Shalala.

Shalala described the Clinton Administration's strategy with regard to AIDS as threefold: to put the money in communities; to prevent the spread of HIV; and to eliminate barriers to care.

"Too few African Americans are getting tested or getting access to care," she said. "The cost of treatment is high. The regimen of pills is difficult to follow. And prevention messages have not been targeted enough—or

Continued on page 10

The Challenge of Durban

"It's a transfiguration—this country has gone through an incredible transfiguration. Victory is ours, all of ours, black and white, all of ours."

—Bishop Desmond Tutu, after the election of Nelson Mandela in South Africa's first vote after apartheid

In a few months, the eyes of the world will turn toward Africa, as thousands of scientists, community activists, public policy makers, and people living with AIDS from around the world converge on South Africa for the XIII International AIDS conference in Durban. Although late in coming, it is most fitting that the first World Conference on AIDS of this millennium be held on the continent where the vast majority of people infected with HIV live and where the greatest natural history of the disease exist.

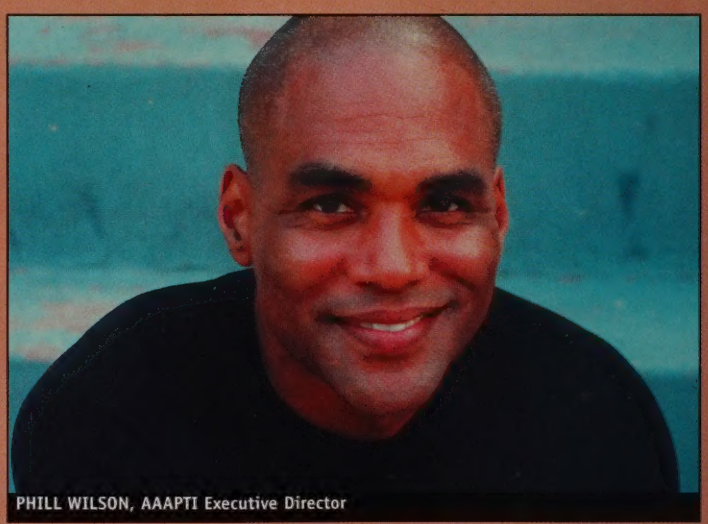
Durban 2000 will present extraordinary opportunities and challenges for those interested in really ending the global plague called AIDS. The Conference will bring together the best and brightest scientists, clinicians, government officials, members of industry, treatment activists and people living with HIV/AIDS from around the world. If successful, the conference will also provide an opportunity for community advocates, health educators and policy makers from disproportionately impacted communities and developing countries, particularly in Africa, to review and discuss the latest issues and trends in HIV/ AIDS research, treatment and prevention.

Rampant HIV infection and death from AIDS-related complications continue to go unchecked in Africa. If the world really sees this and takes action, this conference could be a tremendous victory. In the same way that President Clinton's visit to Africa was a victory, this event could be a recognition of a people and a land long exploited and generally neglected. As Bishop Tutu celebrated the end of apartheid, we can rejoice in the growing acknowledgment of Africa's dire state in the midst of this pandemic, with hopes that countries with abundant resources like ours will respond generously.

We cannot afford to be complacent, knowing what we know about the AIDS in Africa. In South Africa, the continent's wealthiest nation, roughly a quarter of its 43 million people are estimated to be infected with HIV. Durban, an oasis of modern urban living in the province of Kwazulu Natal, will be the place where the conference's hundreds of presenters and debaters will speak in protected environs. But no protection was available to Gugu Dlamini, an activist in one of the province's townships who was dragged from her home and beaten to death by her neighbors after disclosing that she was HIV positive on a radio talk show. My prayer is that the Durban delegates and the media will bear witness to the desperate situation of Black people living with AIDS in the townships, even as they cover the conference in pristine, highly developed Durban.

The Durban meeting presents a complex challenge for African Americans. It is right and appropriate for us to champion the fight against HIV/AIDS in Africa. We have a moral imperative to do so. But we must not be seduced into believing that African Americans no longer have an AIDS crisis. The truth is that while the rates of AIDS infection continue to decline among white gay men, Black men who have sex with men, Black women, and Black adolescents are more at risk than ever.

We, as African American people, could respond by going further into denial about what is happening in our neighborhoods and to our brothers, sisters, mothers and fathers. Or we could redouble our efforts and do the work that is going to make a difference for the current generation and those that follow. Churches that don't have ministries to people living with HIV/AIDS can begin to provide services and support for those that do, and actively promote HIV prevention in their communities. Given the reality of AIDS in our communities, ministers and lay leaders are long overdue in encouraging their members to make healthy choices about their sexuality, however they choose to live it. Civil rights organizations should actively develop strategies to address HIV in their organizations. Black elected officials can follow and expand on the leadership recently demonstrated by the Congressional Black Caucus and Black Media outlets should finally fulfill their role and provide accurate reporting in proportion to the impact of HIV/AIDS in our community.



PHILL WILSON, AAAPTI Executive Director

In this issue of *Kujisource,* we've attempted to stand on the tension line between the African and African American epidemics. Award winning journalist, Kai Wright introduces his eight-part series on AIDS and Presidential politics. Al Cunningham provides an update on the 2000 National Conference on African Americans and AIDS. Mark Heywood warns us about the cost of not treating HIV in South Africa. Randy Boyd talks with actress Jenifer Lewis about why it is important for Black artists to be involved in the battle against HIV/AIDS.

I've been told that during apartheid, to protest the pass laws, Black women would gather at transfer stations in townships and sing, "We are the ones whom we've been waiting for. We are the ones whom we've been waiting for." Whether this really happened or is urban legion is immaterial. It was a statement of fact. South Africans who were engaged in the anti-apartheid movement understood they could not wait for someone else to come and save them from the racist Afrikaan regime. If apartheid were to be defeated, they would have to do the defeating.

Today, ten years after Nelson Mandela's release from prison, South Africans and African Americans are struggling with a similar dilemma. Maybe we can support each other and come up with answers that support our mutual survival.

Take care of yourself and your blessings.

Yours in the struggle,
Phill Wilson

Female inmates at prison in Phoenix, Arizona.

TWO RESEARCHERS FIND LINK BETWEEN HIV, BLACK INMATES

Two studies presented at the Seventh Conference on Retrovirus and Opportunistic Infections reported on the relationship between incarceration and HIV infection in heterosexual African Americans.

The first study, conducted at three public health centers in Los Angeles, followed 305 men, ages 20-49, and receiving care for HIV disease. The men were asked about their sexual orientation, history of incarceration and sexual behaviors.

During the interview, 31 percent of those who identified as heterosexual reported having anal intercourse with another man. Twenty-three percent of the volunteers with a history of incarceration reported having anal sex at some point while incarcerated. Not surprisingly, most (90 percent) of the reported anal sex during incarceration occurred without condoms as they are considered contraband at most penal institutions.

The researchers in this study found that sexual and drug using behaviors during incarceration were not directly associated with HIV infection for this group. Additionally, while not directly associated with HIV in this group, the high percentage of men reporting unprotected anal sex with men during incarceration underscores the need for increased HIV prevention in and out of these settings.

The second study, conducted among African American men and women in rural North Carolina, interviewed 188 people who acquired HIV disease within the last six months through heterosexual sex to determine their major risk behavior for HIV infection.

A majority of those interviewed reported a history of incarceration for themselves or a sex partner and identified this as their primary risk behavior for HIV infection as opposed to number of sex partners, unprotected sex or drug use. While some participants did report very high numbers of sex partners, as many as 52 percent of the women and 17 percent of the men said that they had fewer than ten sexual partners over their lifetime.

Additionally, 92 percent of both men and women reported having no more than one partner over the past year. However, based on the information collected, incarceration was indeed the primary risk behavior for most of the volunteers in this study.

Twenty-four percent of women and 65 percent of men said they themselves had been incarcerated during the past 10 years. Increasing their risk for HIV infection, 48 percent of all men and 81 percent of all women said that at least one of their last three sex partners had been incarcerated for at least 24 hours.

Based on the information given during these interviews, researchers believe that there is a definite link in some African American communities between HIV transmission and incarceration both in and out of jails and prisons.—*William Strain*

FEDERAL AGENCY SAYS BLACKS GET LESS CARE

continued from page 1

African Americans, who make up about 13 percent of the U.S. population, accounted for 49 percent of AIDS deaths in 1998, according to the Centers for Disease Control. Thirty-two percent of deaths were among whites and 18 percent were among Latinos. More than 23 percent of AIDS diagnoses reported in 1998 were among women.

The Health Resources and Services Administration (HRSA), which administers the Ryan White Care Act, recently expanded its efforts to increase access to care for African Americans and other people of color and train more clinicians and peer educators.

Tom Flavin, spokesman for the HRSA, said he had not seen the GAO final report and could not comment on the findings. In a response to pressure from the Congressional Black Caucus, the department of Health and Human Services (HHS) initiated a new program in 1998 to help African Americans and other people of color get services to their communities. Part of the $527 million in Ryan White CARE Act grants appropriated to AIDS programs this year is aimed at minority communities.

Kujisource

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"It's a shame that it's still all so hidden. How people don't think this is not going to come into their own backyard is beyond me."

Jenifer Lewis

Jenifer Lewis is passionate about AIDS. The actress and entertainer has lost over 200 friends to the disease, dating back as far as 1979, when she visited a sick producer in the hospital and was told by her mother, who was also one of the attending nurses: "Put a mask on. We have no idea what this thing is."

Jenifer Lewis is outraged.

She's seen dancers, makeup artists, hairdressers, choreographers—all people she worked with—fade away while still in their prime. She's had friends return from visits to Africa with horror stories about people dying by the thousands, children being abandoned, towns ravaged as if by war, indeed by a different kind of war.

Jenifer Lewis is a soldier in the fight against the deadly disease.

"All I can do is be a light," she said in a recent interview, "and trust that those who are asleep will in their own time wake up." For Lewis, being a light means lending her broad-ranging talent to AIDS causes whenever she can, especially appearing at benefits and fundraisers whenever she's asked.

That talent is no small offering. A singer, actress and—the term really applies here—*diva*, Lewis has been gracing the stage and big and small screens with her versatile voice and bawdy sense of humor in a wide range of projects for many years. Her crowning achievement to date is her critically acclaimed turn as Tina Turner's mother in the biopic *What's Love Got To Do With It*. The role earned her an Image Award nomination as Best Supporting Actress. She received a second nomination for her sharp-tongued performance in *The Preacher's Wife* with Denzel Washington and Whitney Houston.

Lewis has been in a plethora of other movies, ranging from comedies like *Sister Act* and *Blast From the Past* to dramas such as *Panther* and *Poetic Justice*. On the small screen, she has been seen in a wide range of shows, including *Murphy Brown, Friends, Touched By An Angel* and *New York Undercover*. She's also done plenty of theater, including *Dreamgirls* and Neil Simon's *Promises, Promises* on Broadway. Her one-woman show, *The Diva Is Dismissed*, garnered two NAACP Theatre Awards for Best Actress and Best Playwright. She played a lesbian judge in CBS's *Courthouse* and has worked with the likes of Robin Givens, Martin Short, Pam Grier, Stockard Channing and her dearest friend Bette Midler.

So where does someone this busy find the time to lend her name to AIDS benefits? Or better still, *why*? Call it the direct result of losing so many friends in the entertainment business over the last 20-plus years.

"That in and of itself makes AIDS important to me," she said. "I'd go to places like New Orleans to do a show, call up a hairdresser I liked there, and find out he's dead. I'd go to Buffalo and look up a makeup artist to do my makeup and hear: 'oh, he died the year before.' One time I lost three friends in one day." She also lost her best friend in 1990. "I miss him terribly," she said, the tears swelling in her voice.

The pandemic in Africa is also a prime

motivator and source of anger for Lewis. "It's criminal that so few people know about AIDS running rampant in Africa," she said. "It's a shame that it's still all so hidden. How people don't think this is not going to come into their own backyard is beyond me. I'm still very angry at the U.S. government for not doing as much as they can do."

Channeling her anger and grief into productive outlets, Lewis is quick to jump at the opportunity to sing at benefits and fund raisers. One such performance was her unforgettable, humorous rendition of "Goldfinger" from the James Bond film at the annual AIDS Project Los Angeles *Commitment to Life* benefit concert. It was a number that left the audience roaring with laughter.

"Each one, teach one," and "each one, save one" are two phrases that come up often when talking to Lewis about her contribution to the war on AIDS. "It's too vast for any one individual," she said, but that doesn't stop her from doing her part, including educating the young girl she is trying to adopt. "When she gets ready, she better come get some condoms," Lewis said with laughter and sincerity about the young girl's inevitable discovery of her womanhood.

When it comes to Black Hollywood doing its part in the epidemic, Lewis believes that the industry is not putting AIDS in as many scripts as it could, but she also feels that responding to the disease is a very personal and individual choice. "All I can do is say what I have to say. The only person you can change is you. I'm not here to point fingers. I know how fragile we all are. We're all in this together."

After losing over 200 friends in a little over 20 years, Lewis admits to sometimes being tired of fighting the fight. "It's a struggle to know when and where to let the anger come out," she said, but evoked the images of the Civil Rights battles when she added: "We have to remember whose shoulders we're standing on, people who faced water hoses and dogs to get where we are."

And so Jenifer Lewis remains a soldier.

When asked how she's dealt with so much loss and grief, she said: "Honey, I lived it. I wept. I felt the feelings." And perhaps because she has lived it, she's nowhere near giving up. "We have to keep communicating, participate when asked, give back. A lot of people out there are doing a lot more and I honor them. I'm still fighting and will continue to do so with every breath of my body."—*Randy Boyd*

Balm in Gilead

Just what does that mean anyway?

Don't tell Pernessa C. Seele that Black churches don't want to respond to AIDS. For over a decade now, the non-profit organization she founded has been mobilizing and educating what she calls "the most important institutions owned and operated by Black Americans." And judging by her group's endorsements and accomplishments, her efforts are paying huge dividends.

In 1989, Seele founded The Balm In Gilead with the belief that education and prayer have brought Black Americans through the toughest of times. The organization's name comes from the biblical Book of Jeremiah (8:22), which refers to healing in a time of sickness. The name is also the title of a traditional African American spiritual which is sung as an expression of faith and comfort.

Headquartered in New York City, The Balm's mission is to work through Black churches to stop the spread of HIV in the African American community and to support those infected with and affected by the virus. At first, that might seem like a plot for the next installment of *Mission Impossible*, but Seele believes differently.

"There is no doubt that the link between HIV/AIDS, drug abuse and sexual activity has been a stumbling block for churches who feel that such behavior is contrary to their tenets," says Seele. "Fortunately, increasing numbers of churches are realizing that providing AIDS education and social services is consistent with the teachings of Jesus Christ. Clearly, Jesus' actions on behalf of the sick show us how we should behave during this age of AIDS." Seele also cites the alarming increase of AIDS cases among Blacks as high motivation for more and more churches to seek ways to integrate AIDS education into their work.

The idea of churches responding to the wake-up call is made more potent with organizations like The Balm, which answers that call through a variety of well-placed missives against ignorance and inaction. Recognizing that traditional methods of promoting AIDS awareness may not work

Former U.S. Surgeon General DR. JOYCELYN ELDERS, the national spokesperson for the Black Church Week of Prayer for the Healing of AIDS, appeared on March 6 at the New York and Vicinity Baptist Conference at the Convent Avenue Baptist Church in Harlem, New York. Dr. Elders, seen here with REV. DR. WYATT TEE WALKER, Senior Pastor of Canaan Baptist Church in New York City and PERNESSA SEELE, Founder and CEO of The Balm in Gilead, discussed the AIDS crisis in the African American community and urged Black churches to become centers for HIV education and compassion.

among Black Americans, The Balm has developed new ways of making AIDS messages relevant. Those methods include providing churches with training, networking and education, and operating the Black Church HIV/AIDS National Technical Assistance Center in conjunction with the Centers for Disease Control and Prevention. The Center provides guidance to churches, nonprofits, schools and individuals in matters involving HIV. The Balm also offers training conferences throughout the year which assist churches in addressing AIDS.

Another important facet of The Balm's work is The Black Church Week of Prayer for the Healing of AIDS, which begins the first Sunday in March and engages more than 5,000 churches in a week of prayer and educational activities. As the largest AIDS awareness program in the country aimed at Black Americans, the event is based on traditional church revivals and emphasizes compassion in healing the ravages of AIDS within the community.

The Balm's approach puts AIDS awareness into a Black church context, as exhibited through such publications as *The Black Church HIV/AIDS Education & Prevention Guide* and *Urgent! What Black Pastors Need To Know About Drug Abuse and AIDS*. The group also provides educational videos, including the Emmy-winning *Jessye Norman Sings for the Healing of AIDS*, which features Maya Angelou, Whoopi Goldberg, Elton John, Toni Morrison and other celebrities. And with funding from the Kaiser Family Foundation, The Balm is creating

THE BALM IN GILEAD INC.
HEALING THROUGH PRAYER EDUCATION, ADVOCACY & SERVICE

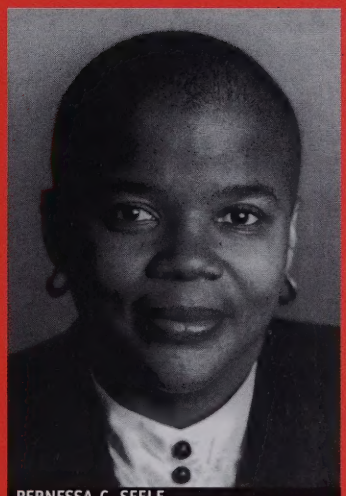
the world's first HIV/AIDS Sunday School Curriculum.

During the most recent World AIDS Day, the group sponsored a program at St. Mark's United Methodist Church in Harlem, NY, with a live satellite downlink to churches in Baltimore, Chicago, Detroit and Miami. Former Surgeon General Joycelyn Elders delivered the keynote address and Rev. Dr. Jeremiah A. Wright, Jr., senior pastor of Trinity United Church of Christ in Chicago, provided the sermon (Dr. Wright's church is home to one of the city's oldest AIDS ministries). The soloist was popular gospel artist Vanessa Bell Armstrong, a longtime spokesperson for AIDS causes who stated: "It is important that the gospel music industry recognize the impact that HIV is having on the Black community and play a role in getting the word out."

The Balm's efforts have not gone unnoticed. The group is the only AIDS service organization endorsed by all major historically Black church denominations and caucuses, including the eight-million-member National Baptist Convention USA and the four-million-member African Methodist Episcopal Church. It also has earned the endorsement of Bishop T.D. Jakes, who draws millions of viewers to his weekly television program. These endorsements give the organization the potential to bring AIDS information to over 20 million Black Americans through their religious affiliations. The Balm also works internationally to support church-based HIV activities in Africa and the Caribbean.

In keeping in step with our high-tech world, The Balm is also making its case on the net, creating the first web directory of Black churches that are active in AIDS prevention and care activities. Its website contains many of the latest interactive Internet features, including video clips and downloadable HIV resources and information tailored to Black church audiences.

Between their efforts on and offline, The Balm in Gilead reaches out to a multitude of Black


PERNESSA C. SEELE

folk around the world. "When we talk about mobilizing the Black community, we are in effect, talking about mobilizing the Black church," says Seele, and it's hard to argue with her assessment. Approximately 23 million African Americans (about 80 percent) belong to a church. As a result of the efforts of groups like The Balm in Gilead, hundreds of thousands of Black Americans can receive life-saving information through their churches.

For more information about any programs or resources offered by The Balm In Gilead, write to: 130 W. 42nd St., #450, New York, N.Y. 10036, or contact the organization at 888-225-6243 or visit the website at www.balmingilead.org.—*Randy Boyd*

Researchers Gather for 7th Retrovirus Conference

Many of the world's top research doctors and scientists gathered in San Francisco recently, convening what was in effect a four-day war room in the battle against infectious diseases.

Now in its seventh year, the Conference on Retroviruses and Opportunistic Infections was created to provide a forum for basic and clinical science investigators to present and discuss developments in the field of retrovirology and related opportunistic complications. The gathering was sponsored by the Foundation for Retrovirology and Human Health in collaboration with the National Institute of Allergy and Infectious Diseases and the Centers for Disease Control and Prevention.

Subjects tackled included virology, pathogenesis, host-virus interactions, pathology, immunology, epidemiology, diagnostics, prevention, therapy, pharmacology, and vaccines. In addition, new scientific studies concerning the diagnosis, treatment, and prevention of associated opportunistic infections were discussed at length.

Among the highlights of the conference, a new combination pill was introduced with the hope of lessening the large number of pills some AIDS patients must take on a daily basis. Trizivir contains AZT, 3TC and Abacavir and would allow a person to receive three drugs in one pill twice a day, making it simple and potent and possibly the only antiviral medication needed for some patients. Trizivir is marketed by Glaxo Welcome and joins Combivir, a combination of AZT and 3TC, as the only other multi-drug AIDS pill currently available.

The oldest class of AIDS drugs, nucleoside analogs, were reviewed in detail with special focus on their side effects, specifically mitochondrial toxicity (the mitochondria is the inner part of the human cell responsible for cellular activity, including DNA replication). Mitochondrial toxicity has been a hot topic because it may lead to lipodystrophy, a complication in HIV infected individuals that can include metabolic changes such as diabetes, elevated cholesterol or serum triglycerides, increased breast size, and fat accumulation in the central part of the body. Lipodystrophy has been linked with the use of protease inhibitors, which makes the study of mitochondrial toxicity all the more important since nucleoside analogs and protease inhibitors are often used in combination.

There were many abstracts on both mitochondrial toxicity and lipodystrophy at the conference. Two studies indicated that it is possible that African Americans and Hispanic persons have a lower incidence of lipodystrophy. In addition, lipodystrophy is clinically different in men than in women, with men being more likely to have metabolic changes and greater fat depletion and women more prone to fat accumulation, especially in the central body region.

For more information about this year's conference, as well as previous annual meetings, visit www.retroconference.org.—*Randy Boyd as reported by Diana Williamson*

HIV UNIVERSITY SEEKS MENTORS; OFFERS STIPEND

The African American HIV University (AAHU), a comprehensive training program designed to increase the quantity and quality of HIV education in Black communities by training, finding placements for and supporting peer educators, is looking for mentors to provide support and guidance to program fellows. The AAHU is seeking a diverse and committed group of individuals from various professional backgrounds.

Mentors will (1) be available to AAHU fellows either through person-to-person contact, telephone conversations or e-mail messages; (2) assure that fellows have to access current information on HIV disease; (3) make sure that fellows have an understanding of the science of HIV disease; (4) make sure that fellows are aware of the psycho/social issues of HIV disease; (5) try to involve fellows in CABs, advisory boards, educational workshops and other community-based projects (6) help fellows to meet and network with other HIV professionals in their community; (7) aid in the intellectual growth of fellows.

The AAHU expects that its mentors will be experienced treatment advocates, HIV clinicians or researchers. Additionally, the AAHU seeks individuals who have strong ties to African American communities through civil rights, fraternal or faith organizations combined with a strong commitment to helping African Americans access appropriate healthcare. All candidates must have a command of the basic concepts of HIV transmission, immunology, pathogenesis and virology.

A three-month mentor program will begin June 1, 2000 and all mentors will be paid a monthly stipend for their participation. Those interested should call 323-663-4194 or visit www.AAAInstitute.org.—*William Strain*

The Cost of Not Treating AIDS

The last World AIDS Day attracted more attention in South Africa than ever before. Government ministers handed out condoms at taxi ranks, businesses let employees participate in activities. A national AIDS council was established.

But something fundamental is still being ignored: access to effective treatment and care for people with HIV/AIDS.

In 1998, President Mbeki said that people with AIDS had a moral entitlement to receive treatment, that the cruel games of those who do not care should not be allowed to set the national agenda. Despite these strong words, very little has happened. The government has made a financial commitment to vaccine research and questioned the profiteering of drug companies, but there are still no national guidelines on the treatment of AIDS, and interventions have been delayed, including making available the drugs that reduce the risk of mother-to-child HIV transmission.

Judging by more recent statements of the President, it would now appear that South Africa has given up the battle for affordable treatment. Have we succumbed to the idea that people in poor countries must inevitably die of AIDS?

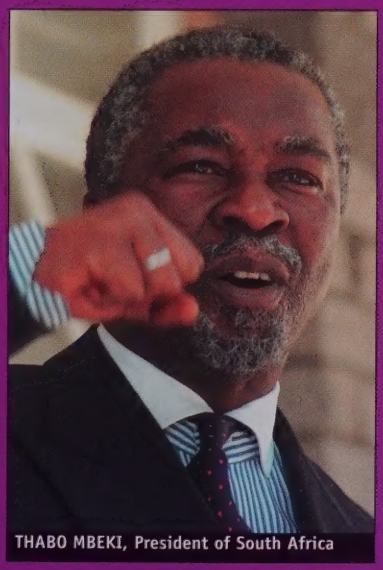
If so, this must not be allowed. The cost of not treating AIDS must be measured in the replacement of teachers, in the declining productivity of the workforce and in the emasculation of the generation of youth upon whom the future of the South African renaissance directly rest. Above all, the failure to implement a clear policy on treatment is a cost to effective HIV prevention.

The ministry of health has created a divide between HIV prevention, which it says it can afford, and treatment, which it says it can't. This is a mistake because it leaves the immediate interest of 3.5 million South Africans out of the national AIDS strategy. Most people do not know whether they have HIV and the perception that "there is nothing that can be done for people with AIDS" is still a strong deterrent to voluntary HIV testing.

Providing reasonable treatment would be a strong incentive for people to find out their HIV status, but the failure to undertake this task is not just the government's responsibility. On the scale of culpability for the AIDS holocaust, the morality of the pharmaceutical companies and their shareholders must be challenged. It is a fact that these enormously wealthy companies are withholding essential drugs.

Admittedly, the price of drugs is not the only barrier to providing treatment. But if prices were lower, the government would be robbed of excuses to continue to refuse treatment. Lower prices would also allow public expenditure to be directed at improving other essential parts of the health infrastructure.

In rich countries, drugs have brought life back to people with HIV. In poor countries, drug companies have become gatekeepers to life for millions of people were trapped in their defense of profits.


THABO MBEKI, President of South Africa

AIDS is an emergency that threatens life on a scale not matched by even the worst wars of the 20th century. Recently, a senior employee of the U.S. Centers for Disease Control warned that "AIDS would have as serious an effect on development in Africa of slavery."

Why is this happening? This question will puzzle historians 50 years from now. And just as those who were in power 50 years ago permitted the Holocaust and conveniently forgotten what they allowed to happen, so too will those in power now try to seek excuses for their inaction.

The truth is that AIDS has become the most acute reflection of the late 20th century golf between rich and poor. For people with money and power, the recent breakthroughs in treating AIDS have been an enormous relief. They can now view their own risk with the knowledge that should they ever be infected, they can purchase treatment and life. Tragically, this seems to removed any personal sense of urgency to resolving issues of treatment for the poor. The South African government, which has a fresh mandate to tackle poverty and inequality, should reverse this trend. Now is the time.—*Mark Heywood in The Sowetan*

JACKSON SPEAKS AT HIV/AIDS CONFERENCE

JESSE JACKSON speaking at 2000 National Conference on African Americans and AIDS in Washington, D.C. February 24-25, 2000.

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become accepted enough—in the African American community."

President Clinton's AIDS Policy "czar," Sandra Thurman, refuted the urban mythology that suggests AIDS is no longer lethal, presenting statistics of the staggering rate of AIDS diagnosis and deaths from AIDS among African Americans and people on the sub-Saharan African continent. She quoted 19th century African American activist Frederick Douglass, saying, "It is not light that is needed, but fire; it is not the gentle shower, but thunder. We need the storm, the whirlwind, and the earthquake. The feeling of the nation must be quickened and the conscience must be roused."

In wide-ranging and emotionally-charged remarks, Rev. Jesse L. Jackson emphasized the need for visible African Americans to model the importance of testing, which he followed with a public test at a local HIV clinic for African Americans.

Later, Wilson reminded the crowd that men of color who have sex with other men are now 50 percent of newly diagnosed AIDS cases among men who have sex with men. "The tragedy of this particular statistic," he said, "is that it did not have to happen. Men of color were disproportionately impacted in 1989 when they were 30 percent of AIDS cases among men who have sex with men. The question now is what are we going to do this time?"

The bulk of the two-day program consisted of a series of presentations by major HIV/AIDS-related researchers, specialists and public administrators. Full audio and slide presentations of the proceedings are expected to be available on-line in April at www.hopkins-aids.edu.—*Al Cunningham, Co-Director, Yours in the Struggle*

SELECTED CLINICAL, TREATMENT FINDINGS PRESENTED IN D.C.

In "Clinical and Strategic Therapeutic Management," Dr. Richard Chaisson, a professor at Johns Hopkins School of Medicine, provided an historical overview of HIV/AIDS-related treatment strategies, and compared the classic paradigm of HIV-to-AIDS progression to a train wreck. In this analogy, the rising HIV viral load is a train, moving slowly at first, but gaining speed as the distance to the wreck, or CD4 count, diminishes. In one of many audio-visually enhanced presentations, Chaisson reviewed HAART regimen combinations as the latest, best response to HIV so far, in terms of slowing down the HIV train. He discussed the "early" versus "late" approaches to HAART intervention, along with adherence issues and other challenges.

Dr. John G. Bartlett, also from Johns Hopkins, discussed the DHHS/Kaiser Family Foundation Anti-Retroviral Drug Guidelines, updated January 29, 2000. Bartlett cited some of the long-term consequences of the HAART combinations, including elevated triglycerides and cholesterol levels; fat redistribution (lipodystrophy); insulin-resistant diabetes; and vascular disorders. He suggested that it is too soon to generalize about the benefits and risks of early HAART therapy.

Cost-benefit analyses of HAART treatment were reviewed by Dr. John A. Rizzo, a Public Health professor at Yale University School of Medicine. The studies cited by Rizzo explored cost effectiveness of early versus later-stage treatment, life expectancy, cost, and cost effectiveness. The results indicate that early treatment produces longer life expectancy than later interventions, and is concomitantly more costly. While early treatment delays the onset of AIDS, both treatment modes prolong life considerably. Other studies Rizzo cited are providing labor productivity analyses to assess the net social value of HIV treatment.

Dr. Anthony S. Fauci, Director of the National Institute of Allergy and Infectious Diseases of the National Institutes of Health, was the final speaker on current treatment issues, reviewing the principles of anti-retroviral treatment as spelled out in the DHHS/Kaiser Guidelines.

Fauci emphasized that while the Guidelines are important, they do not mean that everyone must be treated, and that patients' rights to opt not to be treated should be respected. Globally, Fauci said, 90-95 percent of the people who need anti-retroviral treatment will never get it. He referred the audience to the website www.hivatis.org for the latest updated version of the treatment guidelines.

Later, "New Approaches to Therapy" was presented by Dr. Robert C. Gallo, Director of the Institute of Human Virology at the University of Maryland at Baltimore. Gallo discussed research on two fronts: beta-chemokines, and the role of Tat in HIV infection and immune suppression. The beta-chemokines appear to inhibit CD8 formation in the viral replication process, which may lead to prophylaxis such as a foam that would be used prior to sex to prevent HIV transmission. The role of Tat as a potential HIV toxoid, Gallo said, may make it a component for a preventive and therapeutic AIDS vaccine. He expressed the need for therapies that are biological, non-toxic, and inexpensive.—*A.C.*

JESSE TESTS

Jesse L. Jackson stuck a cotton swab between his cheek and gums at the Max Robinson Center of the Whitman-Walker Clinic to demonstrate how easy it is to take an oral test for the virus that causes AIDS and to encourage other Black Americans to be tested.

"As leaders in the community, we can't just talk the talk, we must walk the walk," said Jackson, speaking at the Clinic. "I want people to know that if you are HIV positive and you get into treatment, you can live long, healthy, happy and productive lives. But the first step is to get tested. The next step is to get treated." Jackson said he had taken a blood test for the virus years ago, but took the newer, oral test to draw attention to the issue.

"The crisis has not left. It is no longer front-page. It's not gunfire. It's not cocaine, crack or heroin. It's not gang warfare," he said. "But nobody is safe. I want to send a message to every African American that does not know his or her HIV/AIDS status to get tested."

JESSE JACKSON takes oral HIV test at the Max Robinson Center of the Whitman-Walker Clinic in Washington, D.C.

AAAPTI HOLDS FORUMS IN 18 DISTRICTS

In 1999, at the National Conference on African Americans and AIDS held in Washington, D.C., a speaker passionately spoke about "how we as a community had to do things differently if we wanted to impact HIV/AIDS in Black populations."

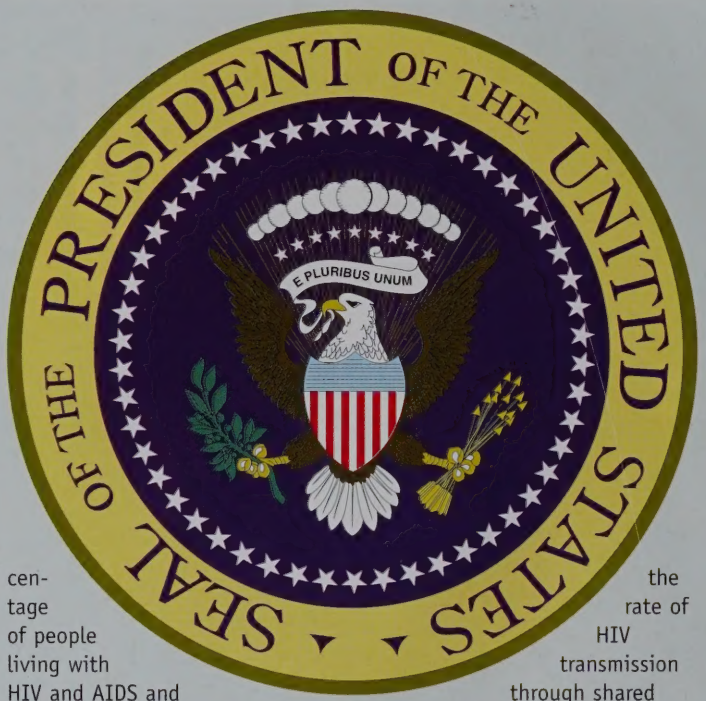
This statement was translated by the African American AIDS Policy and Training Institute into the NIA Plan, a national strategic blueprint that calls on all stakeholders including traditional Black institutions to incorporate HIV/AIDS issues into their existing agendas. The Plan outlines specific strategies for dealing with the epidemic and its effects.

With the support of the Congressional Black Caucus and various other partners, AAAPTI coordinated some 13 town hall meetings with 18 different CBC members introducing the NIA Plan to the community and soliciting feedback. These meetings took place in Atlanta, Brooklyn, Chicago, Cleveland, Columbia (S.C.), Dallas, Detroit, Harlem, Long Beach, Los Angeles, New Orleans, Oakland and Philadelphia, reaching more than 1000 advocates, consumers and community members.

The NIA Plan provides recommendations to civil rights, fraternal and social agencies, the Black church, media and community-based organizations on how they can partner with existing HIV/AIDS or health care groups to combat HIV/AIDS. The NIA Plan is divided into five sections: Overview; Barriers to Involvement; Recommendations and Action Steps; Model Programs; Conclusions; and Resource Directory.

Although the NIA Plan outlines specific objectives and strategies, it describes an organic process that provides for the changing realities of the Black community. The document speaks the language of and understands the realities of the Black community. It adheres to that concept called FUBU: For Us, By Us. While allies and advocates are welcome, ultimately, to make a significant impact in the lives of Black people, we must take responsibility for the health, welfare and livelihood of our population.

Copies of the NIA Plan are available from the AAAPTI. Call 323-663-4194 or visit www.AAAInstitute.org. More town hall meetings may be held in the future. Those interesting in hosting a meeting in their city should contact George Bellinger at AAAPTI.



For African Americans wondering how the next president of the United States plans to short circuit an epidemic that has gripped almost one in 50 Black men, the story of the presidential primaries has been one of missed opportunities at best, indifference at worst.

Campaign 2000 thus far has cut a wide swath through public policy issues of the day. But in only one brief flurry of jabs between the then-competitive Democratic hopefuls have voters heard what any candidate plans to do about HIV and AIDS. And even then, the candidates directed their generalized attention to the broader community of people affected by AIDS, without discussing the disease's disproportionate impact on African Americans.

In February, Vice President Al Gore, now the presumptive Democratic nominee, and former Sen. Bill Bradley (D-N.J.) took turns spinning one another's proposals for revamping Medicaid as detrimental to people living with HIV and AIDS. Both argued that the other's plan would endanger low income people living with the virus by potentially leaving them, among others, uncovered. In March 1999, a study of the federally-funded program that subsidizes AIDS drugs (the AIDS Drug Assistance Program) for those caught in the gap between Medicaid and private health insurance found that at least 30 percent of ADAP clients are African Americans. In some cities, such as the nation's capital, as much as 70 percent of clients are Black. While there is no concrete data to support the notion, many believe the percentage of people living with HIV and AIDS and without access to Medicaid, ADAP, or private insurance who are Black is even higher. But neither Bradley nor Gore made this link to race when dissecting the impact of one another's Medicaid reform plans.

As the Democrats let opportunities to address Black community concerns go by, the Republican conversation hasn't moved far enough from debates about the campaign itself to address health issues in general, let alone as they effect African Americans and AIDS. Perhaps that is because the candidate with the most to show off in his record on AIDS issues was also the most muted throughout the fall and winter. In September, presiding Senate Judiciary chair Orrin Hatch (R-Utah) received the lobby group AIDS Action's highest rating among the GOP contenders. But even while Hatch has been generally supportive of federal AIDS programs, he has introduced a bill that would permanently ban federal funding for needle exchange programs. Studies have shown that such programs reduce the rate of HIV transmission through shared needles. Injection drug use accounted for 36 percent of HIV infections among Black men as of 1996; it accounted for 9 percent of infections among whites.

During a January debate in Michigan, prompted by Gore's appearance before the United Nations Security Council to announce Clinton administration funding for African AIDS programs, *MSNBC* moderator Tim Russert asked the GOP contenders how they felt about funding African AIDS battles. In response, Hatch spoke movingly about the need to "help our brothers and sisters in Africa" (he's shown that to be more than rhetoric by supporting recent efforts to boost funding in the Senate). Gov. George Bush (R-Texas)—now the presumptive GOP nominee—was more tepid in his response, stressing that his support for greater funding is contingent on his being convinced African leaders would spend it appropriately. Conservative activists Gary Bauer and Alan Keyes, the only Black candidate, said that Africans must go it alone if they are truly to solve the continent's AIDS crisis. But, again, none of the candidates made the tie to either U.S. AIDS issues in general or the epidemic's disproportionate impact on Black communities globally.

Perhaps the reason campaign 2000 has thus far offered those interested in confronting AIDS in the Black community so little to judge candidates by is that journalists have failed to ask the right questions. In an effort to correct that, *Kujisource* will spend the next seven months, through the November elections, asking what the candidates plan to do about AIDS in the Black community. Each month we will focus on a different aspect of the epidemic that is of particular relevance to its attack on Black people.

As one longtime activist described it, AIDS may be "one of the worst catastrophes we've seen [in the global Black community] since slavery." Around 25 million people of African descent were killed or sold into bondage during the Atlantic Slave Trade; in Africa alone, over 33 million people have been gripped by HIV already. In the U.S., between 1994 and 1997 almost 60 percent of new HIV infections were among Black people and over 60 percent of those among youth ages 13 to 24 were African Americans. A crisis of that proportion will certainly require the attention of whoever becomes the next U.S. president. We hope to provide voters with information on how those vying for the job may respond to the challenges the epidemic will present.—*Kai Wright*